



Presentation on the Skipton Fund (2003-2017)

22 March 2021

INTRODUCTION

1. This Note concerns the Skipton Fund, in particular its decision-making procedures.
2. The Skipton Fund was a UK-wide “ex gratia” payment scheme put in place by the Department of Health with a remit to make fixed payments to people (or their estates) chronically infected with the hepatitis C virus through treatment with NHS blood or blood products prior to September 1991 and other persons eligible for payment in accordance with the scheme’s provisions. These provisions were detailed in the Agency Agreement (as amended from time to time).¹
3. The scheme was announced via a UK Government press release in August 2003.² The Skipton Fund was in operation from 2004 to 2017, when its functions were transferred over to each of the four infected blood payment schemes administered by the respective devolved administrations.³
4. Unlike other Alliance House Organisations (“**AHOs**”), in particular the Macfarlane Trust, Eileen Trust and Caxton Foundation, the Skipton Fund was not set up to be independent of the Department of Health (“**DoH**”)⁴ but rather to act as its agent. This relationship was governed by the Agency Agreement. Because the Skipton Fund was a company, not a charitable trust, decisions were made by a board of directors.
5. The Skipton Fund Appeal Panel was formed by the DoH in 2006 and held its first meeting on 3 October 2006.⁵ The DoH set up the Skipton Fund Appeal Panel, mandated what its powers were and appointed all members of the Skipton Fund Appeal Panel. The Skipton Fund Appeal Panel was said to operate completely independently of the Skipton Fund, save that the Skipton Fund Administrator (Mr Fish) provided administrative support to the Skipton Fund Appeal Panel.

¹ The first version of this agency agreement was dated 22 May 2007 [SKIP0000033_066].

² NHBT0015207_002.

³ The England Infected Blood Support Scheme, the Scottish Infected Blood Support Scheme, the Infected Blood Payment Scheme for Northern Ireland and the Wales Infected Blood Support Scheme.

⁴ Department of Health is the term used here to encompass all relevant health departments and their predecessors: see the Inquiry’s Terms of Reference, footnote 3.

⁵ Minutes of the Board of Directors of the Skipton Fund Limited meeting held 5 October 2006 [SKIP0000030_027].

6. The primary purpose of this Note is to summarise what has emerged from the Inquiry's investigation so far into decision-making by the Skipton Fund⁶ and to provide some context and background in advance of the oral evidence of Skipton Fund witnesses. The issues considered in this Note will be revisited in light of the Inquiry's continuing investigations and in light of the forthcoming oral evidence from Skipton Fund witnesses. It is important to emphasise that this Note does not represent any findings on the part of the Inquiry Chair – it reflects the work being undertaken as part of the Inquiry's investigations.
7. This Note is split into two Parts. Part 1 provides a narrative overview and explanation of the key general features of the Skipton Fund. Part 2 provides some case summaries by way of example, each of which, unless otherwise noted, is derived from the Skipton Fund applicant files that have been made available to the Inquiry. Applicant files typically contain the application form, documentation submitted in support of the application and correspondence from the applicant, Skipton Fund, Skipton Fund Appeal Panel and other relevant bodies or individuals. These case summaries serve to illustrate the application process and the process for appeal.

⁶ The Note focuses on Stage 1 decision-making; the Inquiry has not yet come across many complaints within the Skipton documents about the application of the criteria for Stage 2 payments or the application of these eligibility criteria, although this will be an issue for exploration with the Skipton witnesses giving oral evidence.

PART 1: OVERVIEW OF THE SKIPTON FUND AND THE SKIPTON FUND
APPEAL PANEL

CREATION AND ORGANISATIONAL STRUCTURE AND OVERVIEW OF THE
APPLICATION PROCESS

Creation of the Skipton Fund

8. The Skipton Fund operated as Skipton Fund Limited and was established as an agent of the DoH. The Skipton Fund was incorporated on 25 March 2004 as a private company limited by guarantee without share capital. It remains incorporated in this form.
9. Its incorporation followed the conclusion of litigation by individuals infected with hepatitis C in the High Court of England and Wales (Queen's Bench Division, Administrative Court) in 2001,⁷ and the publication of a report commissioned by the Scottish Executive in 2003 ("**the Ross Report**")⁸.
10. In summary, the Ross Report recommended lump sum payments of £10,000 for anyone infected at the acute stage and a further £40,000 be made by the Scottish Government to those so infected and suffering from chronic hepatitis C and full common law damages for those who develop significant liver disease. (The extent to which the recommendations of the Ross Report were considered by those setting up the Skipton Fund and the reasons why the recommendations were not implemented will need to be explored with relevant government/civil services witnesses in due course).

Notable directors and staff

11. As explained above, the Skipton Fund was governed by a Board of Directors not trustees. These included:

⁷ The judgment of Mr Justice Burton handed down on 26 March 2001 is reported as *A and others v National Blood Authority and another* [2001] 3 All E.R. 289.

⁸ The Report of the Expert Group of Financial and Other Support (known as the Ross Report) was commissioned by the Scottish Executive and delivered in March 2003 [HSOC0020367].

- 11.1. Peter Stevens (who was Chairman and a Trustee of the Macfarlane Trust and Eileen Trust and a Founding Trustee of the Caxton Foundation) was a director throughout the Skipton Fund's existence.
- 11.2. Professor Thomas was appointed to the Board of Directors in December 2012 and joined his first meeting in March 2013.⁹ The Inquiry understands Professor Thomas was the first qualified medical practitioner on the board of the Skipton Fund. He had already developed a model for assessing when someone should receive the Stage 2 payment prior to his appointment.¹⁰
- 11.3. Professor Dusheiko joined his first meeting of the Board of Directors in March 2015.¹¹ His expertise was particularly sought after in relation to borderline Stage 2 payment applications.¹²
12. There was a small staff team at the Skipton Fund, comprising a secretary and an administrator, with some support from the financial team. Initially the administrator was Keith Foster. Mr Foster defrauded the Skipton Fund of some £440,000.¹³ This was discovered in January 2006 and £224,798 was recovered by August 2006 from his previous employers. The Inquiry understands that a further £35,000 was obtained from equity released from Mr Foster's home.¹⁴ Nicholas Fish then took over the role in 2006 and served until 2018.
13. The role of the Scheme Administrator included assessing applications made to the Skipton Fund in the first instance, but each application for a Stage 1 payment had to be signed off by a director as well. The Inquiry understands that directors were allowed to claim fees for assessing applications. It appears on present evidence that only Ms Boyd did so.

⁹ See the minutes of the 11 March 2013 Skipton board of directors meeting [SKIP0000030_085].

¹⁰ This model was discussed and endorsed at the same board meeting on 11 March 2013 subject to approval from the DoH: see again [SKIP0000030_085].

¹¹ See the minutes of the 10 March 2015 Skipton board of directors meeting [SKIP0000030_068].

¹² See the minutes of the 14 February 2014 Skipton board of directors meeting [SKIP0000030_009].

¹³ See, in particular, Skipton Annual Report 31 March 2006 [SKIP0000057_067] and the minutes of the meeting between the NHS Counter Fraud & Security Management Services and the Skipton Fund held on 8 June 2006 [SKIP0000025_102].

¹⁴ See again the 8 June 2006 meeting minutes [SKIP0000025_102].

Agency Agreement

14. The Skipton Fund operated as an agent of the DoH. The policies adopted by the Skipton Fund were determined by the DoH and detailed in the Agency Agreement. The Agency Agreement was first formally signed on 22 May 2007,¹⁵ 1153 days (over three years) after the Company had been incorporated. The Agency Agreement was then varied on four subsequent occasions.¹⁶ It is unclear why the execution of the Agency Agreement was delayed.
15. One consequence of this appears to be that claims submitted prior to May 2007 from those infected with needlestick injuries were allowed, but refused after May 2007.¹⁷
16. The Agency Agreement provided that the Directors of the Skipton Fund were prevented from raising issues regarding Government policy and could only alert the DoH to “operational issues”.¹⁸

Scheme Payments

17. The Skipton Fund made Stage 1 and Stage 2 lump sum payments to those who met the eligibility criteria. Payments were first limited to people who were alive on the announcement date (29 August 2003).
18. Stage 1 lump sum payments of £20,000 were made to applicants who could prove, on the balance of probabilities, that they were chronically infected with hepatitis C transmitted by NHS blood/blood products prior to September 1991.
19. Stage 2 lump sum payments were made of £25,000 (which increased to £50,000 following review in 2010) to those who had had a liver transplant, had liver cancer, were on the waiting list for a liver transplant, or who had B cell non-Hodgkin’s lymphoma. They were also made to some people who had developed cirrhosis.

¹⁵ See [SKIP0000033_066] (original version of the Agency Agreement).

¹⁶ SKIP0000033_062 and SKIP0000033_058 (amendments on 30 April 2012); SKIP0000033_057 (amendment on 11 November 2016); SKIP0000033_056 (amendment on 12 January 2017).

¹⁷ See the letter from Mr Fish to Mr Brunton of the Scottish Government contained in the Skipton file (page 5) SKIP0000071_017.

¹⁸ Agency Agreement dated 22 May 2007, Operative Provisions 2.5 [SKIP0000033_066].

20. The first Stage 1 application was received by the Skipton Fund in July 2004. The last Stage 1 application was received by the Skipton Fund in October 2017.
21. All functions of the Skipton Fund have since been transferred over to each of the four infected blood payment schemes operated by the devolved administrations.¹⁹ The Scottish Infected Blood Support Scheme (SIBSS) started operating in April 2017²⁰, followed by the Welsh Infected Blood Support Scheme (WIBSS) in October 2017²¹ and lastly the English Infected Blood Support Scheme (EIBSS) and the Infected Blood Payment Scheme for Northern Ireland (or Northern Ireland Blood Support Scheme - “NIBSS”) on 1 November 2017.²²

Scheme Revisions

22. The Skipton Fund payment scheme underwent several revisions during the company’s operating period.
23. Payments were first limited to people who were alive on the announcement date, or in respect of people who were alive on 29 August 2003 but subsequently died after 5 July 2004, payments were only made to the infected person’s estate if the infected person had applied to the Skipton Fund while they were still alive.
24. On 12 January 2006, following amendments to the *Smoking, Health and Social Care (Scotland) Act 2005*,²³ the criteria applied by the Skipton Fund were adjusted to remove the requirement that a person who had died after 5 July 2004 had to have applied to the Skipton Fund before their death.²⁴ However, the restriction on making payments to those who had died prior to 29 August 2003 remained in place.
25. On 10 January 2011 changes to the scheme were announced, principally in connection

¹⁹ Minutes of the Board of Directors of The Skipton Fund Limited meeting held 16 January 2018 [SKIP0000030_005].

²⁰ <https://nhsnss.org/services/practitioner/medical/scottish-infected-blood-support-scheme/>

²¹ The Welsh Infected Blood Support Scheme Directions 2017 [WIBS0000005].

²² Service Level Agreement between Department of Health in Northern Ireland and Regional Business Services Organisation, available at <http://www.hscbusiness.hscni.net/pdf/bsa%20infected%20blood%20policy.pdf>; Infected Blood Payments Scheme) Directions 2017 [EIBS0000028].

²³ <https://www.legislation.gov.uk/asp/2005/13/section/28>; See also the Scottish Parliament Official Health Committee Report into proposed changes at [SKIP0000034_001] and submissions from the Scottish Haemophilia Forum at [SKIP0000034_010].

²⁴ See Administrators Report dated 1 January 2006 [MACF0000020_169] and [SKIP0000031_165].

with the Stage 2 payments, which were increased to £50,000.²⁵ The eligibility criteria of Stage 2 payments were broadened and supplemented by an annual index-linked payment of £12,800. The scheme was also opened to the estates of people who had died prior to August 2003.

26. On 11 November 2016 the Secretary of State issued directions as a result of which a number of reforms to the payment scheme were made.²⁶ These included one-off payments to bereaved spouses and uplifts in annual payments (the amounts and criteria for which differed between England and Wales, Scotland and Northern Ireland respectively).
27. On 6 March 2017 the Department of Health in England issued a consultation document²⁷ on a proposal that would provide, through a Special Category Mechanism (“SCM”), an annual payment of £15,500 (inclusive of a £500 winter fuel payment) to those who had received a Stage 1 payment, and who considered that the infection or its treatment had had a substantial and long-term impact on their ability to carry out routine daily activities.²⁸ These proposals were not implemented during the operation of the Skipton Fund.²⁹ The specific SCM proposal was incorporated into the EIBSS, but was not incorporated into the equivalent schemes in Scotland, Wales and Northern Ireland. The Scottish Scheme did, however, introduce an equivalent payment to allow individuals who self assessed as being severely or moderately affected by their Hepatitis C infection to receive higher payments.³⁰

²⁵ Parliamentary Statement, on Blood and Blood products, Hepatitis C, HIV infected Blood [ARCH0001703].

²⁶ SKIP0000031_042.

²⁷ See the discussion in the Skipton Annual Report for the period ending 31 March 2017 [SKIP0000057_049]. The consultation document is publicly available, and can be accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/666605/20170303_SCM_Consultation_Document_FINAL.pdf.

²⁸ Infected Blood: Government Response to Consultation on Special Category Mechanism and other support in England, by The Department of Health, 14 September 2017. This can be accessed online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/666622/Infected_Blood_Consultation_Response.pdf.

²⁹ The final amendment to the scheme occurred with the final amendment to the Skipton Fund Agency Agreement occurred on 12 January 2017 [SKIP0000033_056].

³⁰ Clinical Review of the Impacts of Hepatitis C: Short Life Working Group Report for the Scottish Government dated May 2018 [GGCL0000168]; Letter from Joe Fitzpatrick, Minister for Public Health, Sport and Wellbeing to the Chair of the Infected Blood Inquiry regarding the SIBSS dated 4 December 2019 [SCGV0000320].

Application process

28. The following sets out the procedure by which an application was assessed by the Skipton Fund based on the Inquiry's review of physical files. Guidance was produced to assist staff when processing applications.³¹ An example of instructions for applicants about how to complete an application form is available (in respect of Stage 1 applications) at SKIP0000031_248 and (in respect of Stage 2 applications) at CVHB0000009_118.
29. An application to the Skipton Fund for a Stage 1 payment first began with the completion of an online registration form. This form asked for contact details, bank details and, if applicable, details of registration at a Haemophilia Centre. A registrant would then receive a hard copy application form in the post.
30. With the exception of personal details, the application form had to be completed by the applicant's "Hospital Doctor or General Practitioner". This was made clear from the front of the application form. The stated purpose of the application was to:
 - 30.1. *"confirm that the patient has been chronically infected"*.
 - 30.2. *"confirm that the infection most probably arose through treatment with NHS blood or blood products"*.
31. There was therefore no opportunity in a Skipton Fund application form for the applicant to provide any evidence themselves relevant to the question of whether they had received blood or blood products prior to September 1991.
32. Once completed, the application form would be submitted to the Skipton Fund via post. The form would be received by the Skipton Fund Scheme Administrator. If the Scheme Administrator was of the opinion that necessary details had been omitted from the application form, the form would be returned to either the applicant or the completing clinician.
33. Once completed to a satisfactory level, an applicant's success was determined by the Scheme Administrator and one of the Directors. No payment would be made to an applicant without the signature of a Director. From December 2012 following the appointment of Professor Thomas to the Board of Directors the opinion of a medical

³¹ A copy of which is available at SKIP0000030_045.

director could be sought. In a number of cases, the Skipton Fund would also request that additional material, most notably medical records, be sought and submitted to the Skipton Fund.

Skipton Fund Appeal Panel

34. If the Skipton Fund declined an application, the applicant would be provided with the opportunity to appeal the decision.
35. The Skipton Fund Appeal Panel was formed in 2006 and held its first meeting on 3 October 2006.³² The frequency with which the Skipton Fund Appeal Panel met, and the number of applications reviewed on each occasion, varied. Initially, the Skipton Fund Appeal Panel met every month in order to address the backlog of applicants seeking to appeal. Once this backlog had been cleared, the Skipton Fund Appeal Panel met approximately once a quarter, or once a sufficient number of cases were awaiting review.
36. The DoH appointed all members of the Skipton Fund Appeal Panel.³³
37. There was a considerable delay in the formation of the Skipton Fund Appeal Panel. In the minutes of a Directors' meeting on 6 May 2006, it was noted that the DoH was having difficulty recruiting a specialist haematologist and hepatologist for the Skipton Fund Appeal Panel, causing a delay in the start date.
38. The Skipton Fund Appeal Panel reviewed applications for both Stage 1 and Stage 2 payments. The Skipton Fund Appeal Panel did not hold oral hearings, informing applicants that it did not have the power to do so.
39. When Stage 1 applicants were notified by the Skipton Fund Scheme Administrator that their application had been declined, they were offered the opportunity to appeal the decision. All declined applicants should have been provided with the three-page Skipton Fund Appeal Panel Guidance notes.³⁴ These notes detailed the additional evidence that applicants were able to submit in support of their claim. It was suggested that applicants

³² Minutes of the Board of Directors of the Skipton Fund Limited meeting held 5 October 2006 [SKIP0000030_027].

³³ SKIP0000030_023.

³⁴ A copy of these is available at NHBT0090738.

include photos of surgical scars, written statements from themselves, and written statements from witnesses to their claimed source of infection. Accordingly, the Skipton Fund Appeal Panel in practice took into account a much wider range of evidence than the Skipton Fund, including the evidence of the applicant.

40. Applicants were not able to make any representations in person.
41. There was no specified time limit within which an applicant had to make an appeal, nor were there any fees payable.
42. The Skipton Fund Appeal Panel overturned 49.6% of the Skipton Fund decisions.
43. The Skipton Fund Appeal Panel had no jurisdiction to hear appeals against the terms of the Skipton Fund scheme itself. This excluded applicants from appealing who had been declined due to the date of their infection (i.e. occurring after September 1991), sufferers of a needlestick injury, natural clearers, and recipients of overseas transfusions. However the Inquiry has identified seven instances where 'natural clearers' were permitted by the Skipton Fund to appeal to the Skipton Fund Appeal Panel. 11 of these appeals were successful.
44. The medical members of the Skipton Fund Appeal Panel were paid £140 per day and allowances were offered for necessary travel. The Chair of the Skipton Fund Appeal Panel was paid £200 per day. The lay member of the Skipton Fund Appeal Panel was paid £100 per day.

Burden and standard of proof

45. For an application to the Skipton Fund and an appeal to the Skipton Fund Appeal Panel, the burden of proof was on the applicant.
46. The standard of proof was expressed to be the balance of probabilities.
47. Thus an applicant applying for a Stage 1 payment had to show on the balance of probabilities that prior to September 1991 (s)he had received NHS blood or blood products which had transmitted hepatitis C (this requirement was detailed in Part 4A of the application form) and that (s)he suffered a chronic hepatitis C infection (i.e. an infection

that had persisted for a period greater than 6 months).

48. For an applicant applying for a Stage 2 payment, (s)he had to show that on the balance of probabilities that (s)he had:
- 48.1. received the Skipton Fund Stage 1 payment;
 - 48.2. received a liver transplant or was on the waiting list for one;
 - 48.3. had liver cancer; or
 - 48.4. had advanced stages of cirrhosis (in which case (s)he might be eligible).
49. Prior to April 2007, for the purposes of Part 4A, the completing clinician had to confirm that they had witnessed medical records that documented the applicant's claimed source of infection. Seemingly following intervention from NHS Counter Fraud and Security Management Services (CFSMS) as a result of the Foster fraud on the Skipton Fund, Part 4A of the application form was amended. It became a requirement that a copy of the medical records, documenting the applicant's claimed source of infection, should be provided to the Skipton Fund.³⁵
50. The Inquiry has obtained evidence which might suggest that satisfying this burden of proof could require the applicant to endure a financial burden.³⁶
51. When requesting medical records applicants could be charged fees by NHS Trusts for the retrieval of medical records. The Oxford University Hospitals NHS Foundation Trust has provided a statement to the Inquiry that this fee was charged directly by the NHS Trust.³⁷ The Inquiry understands that this NHS Trust is contacting patients who were charged this fee in order to provide a refund. Once the requirement to provide copies of medical records was introduced, the applicant would incur the cost of obtaining these records.
52. The Skipton Fund did not assist applicants with the financial burden, beyond the provision of free postal envelopes for the return of the application form and supporting

³⁵ Skipton Fund Administrators Report 2007 [SKIP0000031_163].

³⁶ See, for example the letter from Dr Paul Giangrande to Nicholas Fish dated 15 August 2011 [SKIP0000031_106].

³⁷ Statement of Dr Susie Shapiro on behalf of Oxford University Hospitals NHS Foundation Trust [WITN5573001].

documentation.³⁸

³⁸ Second Written Statement of Nicholas Fish at paragraph 35.1 [WITN4466002].

SUMMARY OF THE INQUIRY TEAM'S KEY FINDINGS FROM CONSIDERATION OF APPLICANT FILES SO FAR

Sources of data

53. The primary sources of data for this Note are the hard copy applicant files that were held by the Skipton Fund. These files contain the original application form and correspondence between the Skipton Fund and applicant in relation to each application. The Inquiry has reviewed application files to identify the core justification for an application's refusal.
54. In collating the numbers for this Note, the Inquiry has relied upon a Master Spreadsheet provided to it by the Skipton Fund (the "**SF spreadsheet**")³⁹ and the data within the annual financial reports filed by the Skipton Fund. Where there is a discrepancy between these two sources, the Inquiry has proceeded, for present purposes, on the basis that the SF Spreadsheet is more authoritative as this is the source of the data in the annual reports.

Limitations

55. The Skipton Fund is no longer operational, though it continues to be administered by Russell Cooke Solicitors ("**RC**"). Two Partners from RC are currently the registered directors of the Skipton Fund. Neither of these individuals has a clear understanding of the Skipton Fund's former administrative practices, nor do they possess any detailed knowledge of the Skipton Fund material they currently hold.
56. In 2018, the Inquiry requested from RC all Skipton Fund files relating to applicants whose application was declined and/or appealed. Upon review of the files that have been made available, it has become apparent that:
 - 56.1. not all applicant files still exist; and
 - 56.2. most files are incomplete (some do not even have complete application forms).

³⁹ The Inquiry is not disclosing the spreadsheet itself – it is a collation of personal data relating to individual applicants, much of which would have to be redacted if disclosed.

57. The Inquiry is undertaking relevant inquiries as to the reasons why applicant files are missing or incomplete.

Classifications

58. Declined - Where a decision was reached that the application was unsuccessful whether by the Skipton Fund or the Skipton Fund Appeal Panel.
59. Unresolved - Applications in respect of which the applicant had registered with the Skipton Fund, but the Skipton Fund considered that there was not a sufficiently complete application form for the purposes of the Skipton Fund reaching a decision.
60. Approved - Where a decision was reached that the application was successful whether by the Skipton Fund or the Skipton Fund Appeal Panel.

Statistics

61. Total applicants applying for a Skipton Fund Stage 1 payment – 6,712.⁴⁰
62. Total applications unresolved – 338.⁴¹
63. Total applications approved – 5,529.⁴²
- 63.1. Number of applications approved by the Skipton Fund – 5,309;⁴³
- 63.2. Number of applications declined by the Skipton Fund and then approved by the Skipton Fund Appeal Panel – 220.⁴⁴
64. Total applications declined – 845.⁴⁵

⁴⁰ This is based on the Inquiry's review of the SF Spreadsheet.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid. This figure is also consistent with data contained in the Annual Financial Report for the period ended 31 January 2018 [SKIP0000057_002].

- 64.1. Number of applications declined by the Skipton Fund where no appeal was heard – 622;⁴⁶
- 64.1.1. Two of these applications were declined by the Skipton Fund and scheduled for appeal but dealt with by the English Infected Blood Support Scheme (EIBSS).
- 64.2. Number of applications declined by the Skipton Fund and subsequently declined by the Skipton Fund Appeal Panel – 223.⁴⁷
65. Total applications reviewed by the Skipton Fund Appeal Panel – 443.⁴⁸
66. Applications submitted on behalf of a deceased infected person – 785.⁴⁹

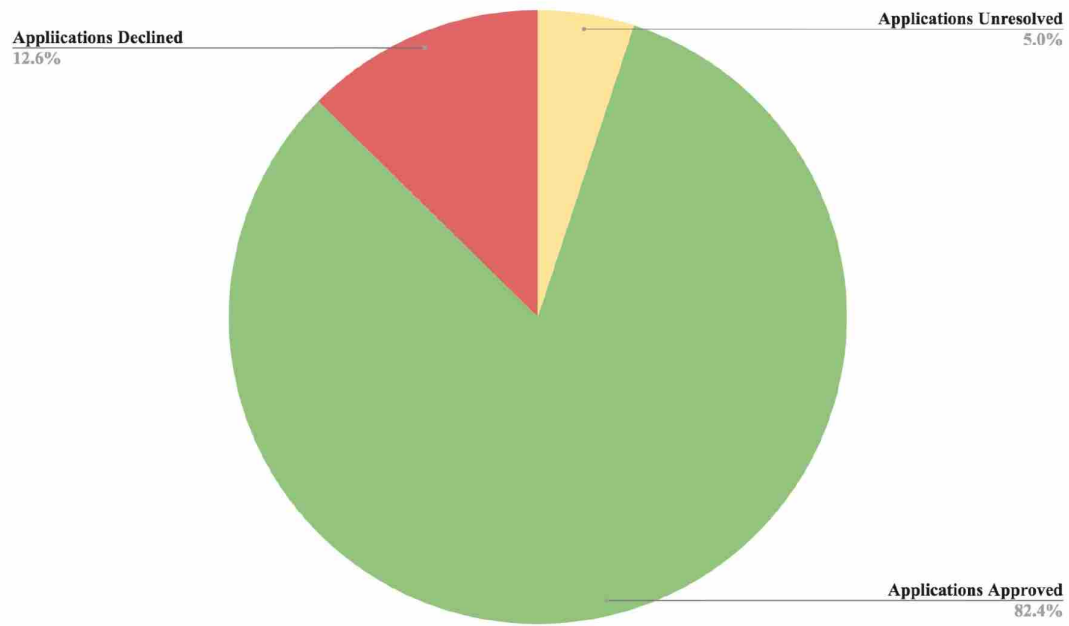
⁴⁶ This is based on the Inquiry's review of the SF Spreadsheet.

⁴⁷ Ibid.

⁴⁸ This is based on the Inquiry's review of hard copy applicant files and the SF Spreadsheet.

⁴⁹ This is based on the Inquiry's review of the SF Spreadsheet.

Figure 1 - Total application outcome.



SKIPTON FUND DECISION MAKING

Total number of applications:

- 67. Made to the Skipton Fund for a stage 1 payment - 6712
- 68. Approved by the Skipton Fund 5,309
- 69. Declined by the Skipton Fund and not appealed – 622 (of which the Inquiry has examined 314)
- 70. Declined by the Skipton Fund and appealed – 443. Of which:
 - 70.1. 223 were further declined by the Skipton Fund Appeal Panel (i.e. the Skipton Fund decision was upheld)
 - 70.2. 220 were allowed by the Skipton Fund Appeal Panel (i.e. the Skipton Fund decision was overturned).

Applications declined by Skipton Fund where no appeal

- 71. There were 622 applications that were declined by the Skipton Fund and in respect of which no appeal was made. The Inquiry has obtained 314 of these applicant files, of which 307⁵⁰ have been sufficiently complete for the purposes of review.
- 72. In the table below, the reasons given by the Skipton Fund for refusing to accept the applicant as eligible for a Stage 1 payment are set out⁵¹. Applications can of course be refused for a number of reasons, what is identified below is the primary reason given by Skipton Fund.

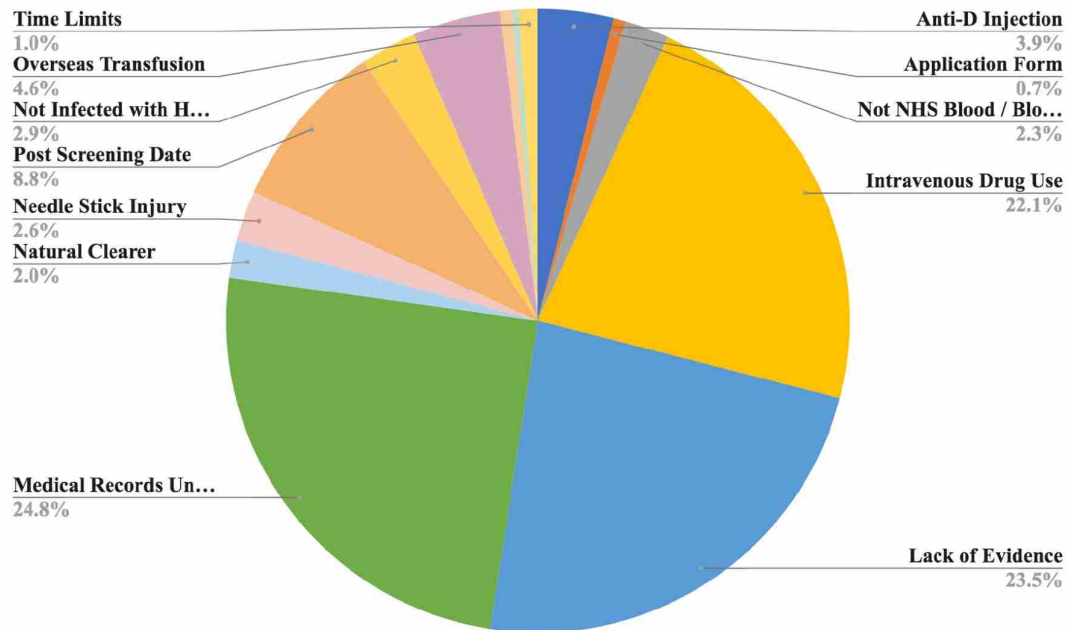
⁵⁰ In the Interim Note [INQY0000244] it was reported that the Inquiry team had reviewed 314 of these applicant files and that 10 applications were declined because the applicant's clinician had not completed the form properly or failed to provide enough detail. The Inquiry Team has reviewed these applications once more and considers it more accurate to describe seven of these applications as incomplete on the basis that it is unclear whether a payment was made.

⁵¹ There have been some amends to the figures produced in the interim report [INQY0000244] as a result of further consideration of what amounts to the primary reason given for declining an application.

Figure 2 - Applications declined by the Skipton Fund where no appeal was heard - reasons for decline.

Reason for Decline	Number of Cases
Anti-D Immunoglobulin Injection	12
Application Form	2
Claimed Source of Hepatitis C Not NHS Blood/Blood Products	7
Intravenous Drug Use	68
Lack of Evidence of NHS Transfusion/Blood Product	72
Medical Records Destroyed/Unavailable	76
Natural Clearer (Non-Chronic)	6
Needle Stick Injury	8
NHS Blood/Blood Product Used Post Screening Date	27
Not Infected with Hepatitis C	9
Overseas Transfusion	14
Sexual Intercourse	2
Tattoos	1
Time Limits	3
TOTAL	307

Figure 3 - Applications declined by the Skipton Fund where no appeal was heard - reasons for decline.



73. An explanation as to the criteria used by the Inquiry in adopting these categorisations is set out below.

**APPLICATIONS DECLINED BY SKIPTON FUND AND SKIPTON FUND APPEAL
PANEL**

74. 223 applications for Stage 1 payments were declined by the Skipton Fund, and also declined by the Skipton Fund Appeal Panel.
75. As at 3 March 2021, the Inquiry has reviewed 218 of these files.⁵² There are five applicant files that remain missing. The table below sets out the reasons given by the Skipton Fund, and the Skipton Fund Appeal Panel, for refusing to approve the applicant for a Stage 1 payment.
76. The reasons an application was declined by the Skipton Fund Appeal Panel differed to the decision of the Skipton Fund in 47 of the 218 cases reviewed, which equates to 21.5%.

⁵² The Inquiry has reviewed an additional application since the Interim Note was published on 17 February 2021. This is reflected in the increase in cases from two to three within the theme 'Not Infected with Hepatitis'.

Figure 4 - Applications declined by the Skipton Fund and declined by the Skipton Fund Appeal Panel - reasons for decline.

Reason for Decline	Number of cases - Skipton Fund	Number of cases - Skipton Fund Appeal Panel
Anti-D Immunoglobulin Injection	14	13
Claimed Source of Hepatitis C Not NHS Blood/Blood Products	1	2
Intravenous Drug Use	41	44
Lack of Evidence of NHS Transfusion/Blood Product	77	113
Medical Records Destroyed/Unavailable	54	15
Natural Clearer (Non-Chronic)	17	17
Needle Stick Injury	4	4
NHS Blood/Blood Product Used Post Screening Date	3	3
Non-Blood Product	1	1
Not Infected with Hepatitis C	3	3
Overseas Transfusion	2	3
Tattoos	1	0
TOTAL	218	218

Figure 5 - Applications declined by the Skipton Fund and declined by the Skipton Fund Appeal Panel - Skipton Fund reasons for refusal.

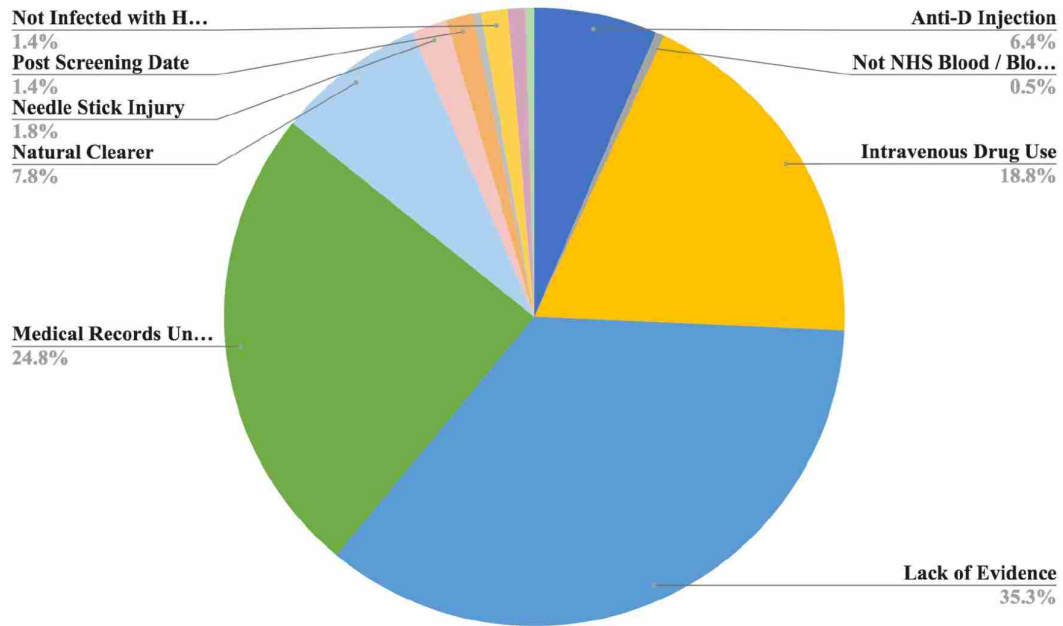
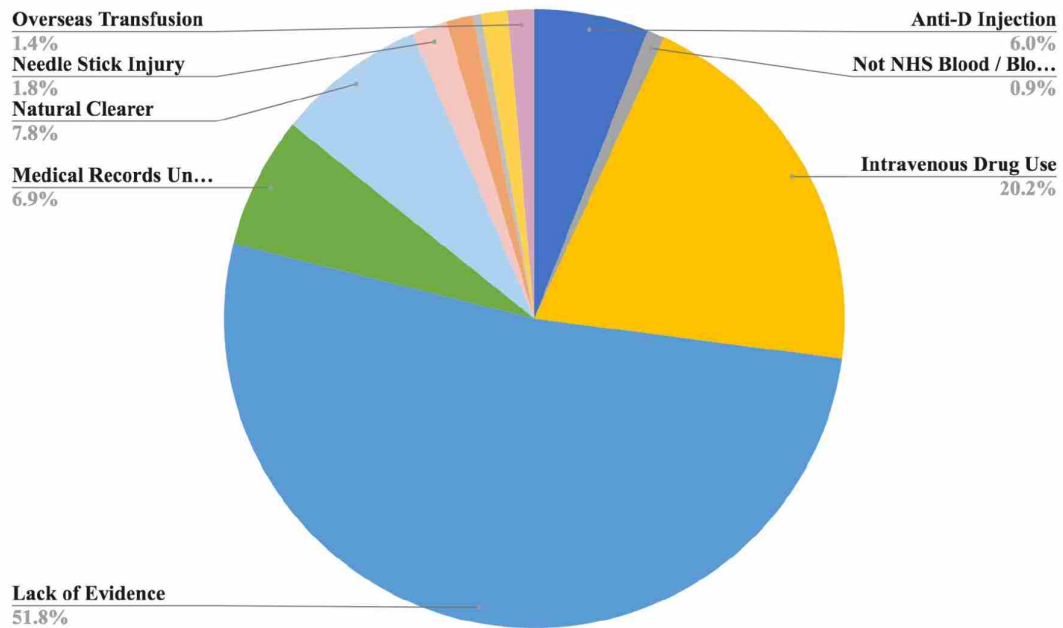


Figure 6 - Applications declined by the Skipton Fund and declined by the Skipton Fund Appeal Panel - Skipton Fund Appeal Panel reasons for refusal.



An explanation of the categorisation used in declined cases

Anti-D Immunoglobulin Injection

77. This refers to applications where an injection with anti-D immunoglobulin was cited as the source of the applicant's hepatitis C infection.
78. The Skipton Fund's approach to applicants who cited anti-D immunoglobulin as the source of their hepatitis C infection appears to have been based on a letter from Dr P E Hewitt of the National Blood Service to Keith Foster dated 24 February 2005.⁵³ This letter was a response to a request by Keith Foster for guidance with respect to four Stage 1 payment applications that were then under consideration by the Skipton Fund.
79. In the 2005 advice, Dr Hewitt referred to a comparatively high safety record of British products relative to international counterparts. Dr Hewitt stated that "*anti-D immunoglobulin produced within the UK, either by the Bioproducts Laboratory (England and Wales) or the SNBTS (Scotland and Northern Ireland) has been used over many years and has an unparalleled safety record with regard to transmission of viruses.*"⁵⁴
80. Dr Hewitt stated that there had been well documented transmission episodes from anti-D immunoglobulin preparations produced outside the UK (most notably Irish anti-D immunoglobulin). Dr Hewitt attributed this principally to the different method of manufacture and administration (intravenous as opposed to intramuscular) of these anti-D immunoglobulin preparations compared to the UK.
81. Dr Hewitt accepted that Irish products were imported into the UK, but stated that they were only used on a named patient basis. She further asserted that the vast majority of products had been traced during a recall and notification exercise in the 1990s. She concluded the report by stating that it would be necessary to know whether non- British products had been used in order to know whether there was a risk of transmission of hepatitis C.
82. On 15 July 2010 a further advice⁵⁵ was obtained by the Skipton Fund from Dr Hewitt, who by then was also a member of the Skipton Fund Appeal Panel. This advice was co-signed by Dr Clive Dash of BPL. This stated:

⁵³ SKIP0000031_071.

⁵⁴ Ibid.

⁵⁵ SKIP0000031_070.

- 82.1. There had been no reported cases of hepatitis C transmission via intramuscular (IM) immunoglobulin, but there had been several reports of hepatitis C transmission via intravenous (IV) immunoglobulin.
- 82.2. IM immunoglobulin prepared by the Cohn fractionation process had been declared safe by the WHO and the CDC.
- 82.3. Anti-D immunoglobulin prophylactic treatment was traditionally produced for the NHS using IM immunoglobulin products produced by BPL or PFC. IV products were rarely used. Irish produced products had been used only on a named patient basis.
- 82.4. This information was previously provided to the Skipton Fund Appeal Panel.⁵⁶
83. Where an applicant cited anti-D immunoglobulin as the source of their hepatitis C infection, their application would be declined by the Skipton Fund. The justification was that the Skipton Fund had been “*informed by The National Blood Service that anti-D immunoglobulin was safe and therefore not a possible route of hepatitis C infection.*” The Skipton Fund did not distinguish between anti-D immunoglobulin delivered intramuscularly or intravenously. It also did not consider where the anti-D immunoglobulin was produced when deciding applications.
84. A copy of Dr Hewitt’s advice(s) was not provided to applicants when declined on these grounds. Evidence suggests that were an applicant to request the advice from the Skipton Fund, it would be provided to them. It is not clear to the Inquiry why the advice was not provided to applicants as a matter of course.

Application Form

85. This refers to applications where the completing clinician was unable to state that the likely source of the applicant’s hepatitis C was NHS blood/blood products prior to September 1991. When an application was submitted and no likely source of infection was identified, the Scheme Administrator would return the form pointing out those details that were missing. Where an application was re-submitted but the completing clinician was unable to provide the requested details, the application would be declined.

⁵⁶ The only previous advice found by the inquiry is the 2005 one provided to Mr Foster.

Claimed Source of hepatitis C not NHS Blood/Blood Products

86. This refers to applications where the Skipton Fund considered there was an alternative route of infection to NHS blood/blood products as the source of the applicant's hepatitis C infection.

Intravenous Drug Use

87. This refers to applicants whose medical records made reference to an instance(s) of drug use. The Inquiry has not yet reviewed any applications where such a case was approved by the Skipton Fund.
88. The Skipton Fund does not appear to have made a distinction between instances of intravenous and non-intravenous drug use. The Inquiry has reviewed applications for which the corresponding medical history cites only instances of non-intravenous drug use. These applications have later been declined by the Skipton Fund on the stated basis of intravenous drug use.
89. When notifying applicants that their application had been declined due to their history of drug use, the Skipton Fund made reference to an 'expert report'. In his Second Written Statement, Nicholas Fish confirmed that the Ramsay Report was the report referred to. This was a report sought in 2007 from Dr Mary Ramsay from the Health Protection Agency, Centre for Infections, on behalf of the Skipton Fund Appeal Panel.
90. The purpose of the report was so that *"the panel can be more precise in its quantification of the chance that injecting drug use for less than two years has been the cause of the HCV infection in someone who also has a history of blood transfusion"*.⁵⁷
91. The Ramsay Report concluded that: *"Overall, the risk of hepatitis C infection with short term injecting in the UK is poorly documented, and is likely to have varied geographically and over time. Although data on one-off or casual injectors is absent, evidence from many countries supports the belief that the risk of acquiring hepatitis C in the early period of injecting is high. The estimated probability of transmission from single episodes of needle and syringe sharing also appears to be substantially higher than the risks associated with*

⁵⁷ SKIP0000031_217.

a single transfusion of unscreened blood. On an individual basis, it will be difficult to assess the risks associated with single episodes of injecting where sharing is denied, but recent studies suggest that the incidence of hepatitis C in injectors who deny sharing is around half of that observed in those that do report such behaviour.” (Emphasis added.)

92. The Ramsay Report did not provide a definitive calculation of the risks of hepatitis C infection with short term injecting of drugs.
93. There is no evidence to suggest that the Ramsay Report, nor any other research into the comparative likelihoods of hepatitis C infection as between intravenous drug use and the receipt of blood products prior to September 1991, was routinely made available to applicants.⁵⁸

Lack of Evidence of treatment with NHS Blood/Blood Products

94. This refers to applications where medical records (such as discharge notes) were available evidencing that the relevant medical procedure occurred, but where there was no specific reference to a blood transfusion.

Medical Records Destroyed or Unavailable

95. This refers to applications where the applicant was unable to provide any medical records evidencing the specific NHS treatment through which they believed they were infected with hepatitis C. This was often said to be as a result of documents being destroyed by the relevant NHS body in accordance with their Retention and Destruction of Records Protocols/Guidelines.

Natural Clearers

96. This refers to applicants who had cleared the virus naturally (without treatment) and were therefore unable to evidence that they had reached the chronic stage of the infection. Stage 1 payments were only available to those who had reached the chronic stage. Point 3(g) of a

⁵⁸ On one occasion, an applicant requested and was provided with the Ramsay Report.

Skipton Fund information document read: *“No payments will be made in respect of those who have cleared the virus spontaneously in the acute phase of the disease. In the case of eligible people who have died, payments will be made to their estate.”*⁵⁹

97. Those whose infection persisted for a period of less than 6 months were considered to be a ‘natural clearer’. When an infection persisted for a period greater than six months, it was considered that the infected person had passed through the acute phase and reached the chronic stage of infection.
98. For an applicant to prove that they were not a natural clearer, they were asked to present evidence that they had tested positive for hepatitis C on two occasions, six months apart. Alternatively, an applicant was required to present evidence that they had received treatment for their hepatitis C infection.
99. As noted above, six applications for Stage 1 payments were rejected on the grounds that the applicant was considered to have cleared the virus naturally. This assessment would have been made on the balance of probabilities. When responding to an applicant, with regards to an application for a Stage 2 payment, Nicholas Fish stated: *“In the absence of medical records either way, it can be assumed on the balance of probabilities that the infection would have been a chronic one as only the minority clear the virus spontaneously.”*⁶⁰

Needle Stick Injury

100. This refers to applications for which the applicant’s claimed source of infection was via a needle stick injury, where said needle stick was contaminated with infected NHS blood or blood products. The Skipton Fund would consider infections of this nature to lie beyond the scheme guidelines, unless the relationship between applicant and infected person could be described as one of the following:

100.1. Spouse or civil partner;

100.2. Other cohabitant (whether or not of the same sex as the person whom the virus was

⁵⁹ ‘Information on The Skipton Fund - What it is and how it works and how to apply’ [SKIP0000031_248].

⁶⁰ Letter to the Trustees of [GRO-A] concerning the Skipton Fund additional payment application on behalf of the beneficiary 1955P, AHOH0000121.

transmitted; and/or

100.3. Mother, son or daughter of the mother.

NHS Blood/Blood Products Used Post Screening Date

101. This refers to applicants who had received NHS blood or blood products after September 1991. Stage 1 payments were only available to those who had been infected with hepatitis C via infected NHS blood or blood products prior to September 1991. This approach was validated on the basis that all blood or blood products received after this date were screened for hepatitis C, and were therefore (it was said) not a possible route for infection.
102. There was no appeal to the Skipton Fund Appeal Panel against such a decision, being an appeal against the terms of the scheme, not a decision of the Skipton Fund Directors' application of the scheme.

Non-Blood Product

103. This refers to applications where the applicant was treated with a non-blood product. This includes, for example, instances where an applicant was intravenously infused with Hartmann's Solution, instead of a blood transfusion.

Not Infected with Hepatitis C

104. This refers to applications where the applicant was not infected with hepatitis C. Typically the applicant would have been infected with hepatitis B which fell outside the Skipton Fund scheme.

Overseas Transfusion

105. This refers to applications where the Skipton Fund found that the applicant had been infected with hepatitis C from blood or blood products from overseas. The Skipton Fund Scheme Guidelines required evidence of treatment via blood/blood products that was

provided by the NHS. As such, these applications fell outside the remit of the scheme.

Sexual Intercourse

106. This refers to applications where the Skipton Fund found that the applicant was infected via sexual transmission. This commonly occurred when an applicant was unsure of the origin of their hepatitis C infection, and where sexual intercourse was cited by the completing clinician as a possible route of transmission.

Tattoo

107. This refers to applications where the Skipton Fund found that the infection was caused by a tattoo.

Time Limits

108. This refers to applications submitted in respect of an infected individual who had died before 29 August 2003. The original Skipton Fund Scheme Guidelines of 29 August 2003 restricted eligibility for a Stage 1 payment to those who were alive on the date of the scheme's announcement. On 10 January 2011, the scheme's eligibility criteria were revised and eligibility to the Skipton Fund expanded to permit applications from the estates of those who had died before 29 August 2003 and met all other eligibility criteria.

APPLICATIONS DECLINED BY THE SKIPTON FUND AND OVERTURNED ON APPEAL

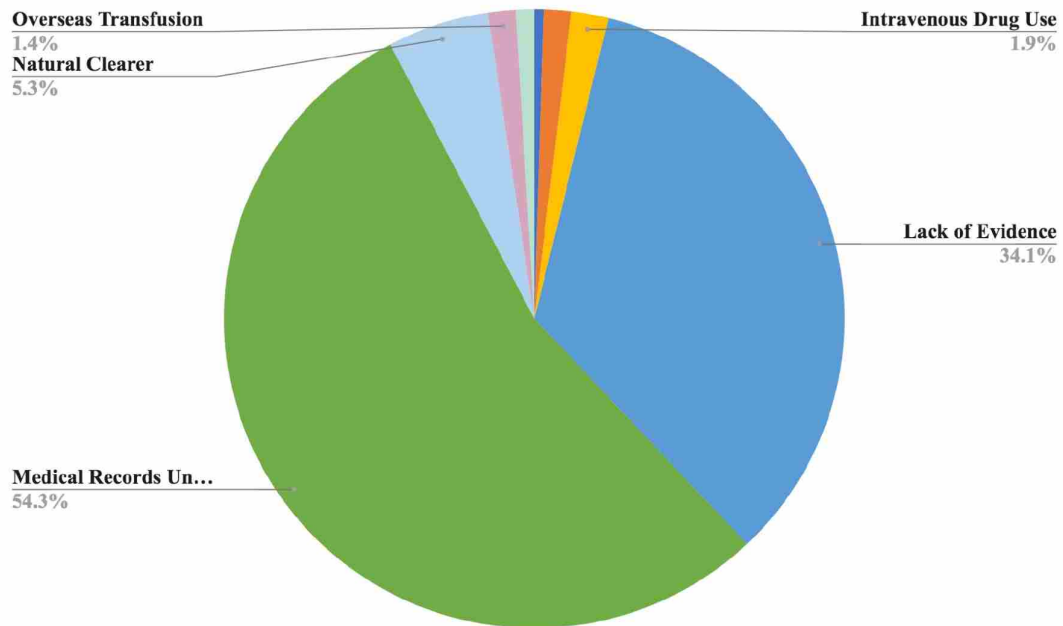
Stage 1 applications

109. Two hundred and twenty applications for Stage 1 payments were declined by the Skipton Fund and overturned by the Skipton Fund Appeal Panel. The Inquiry has obtained 211 of these application files. 208 of these files are sufficiently complete for the purposes of this review.

Figure 7 - Applications declined by the Skipton Fund and overturned by the Skipton Fund Appeal Panel - Skipton Fund reasons for refusal.

Reason for decline by the Skipton Fund	Number of cases
Anti-D immunoglobulin Injection	1
Application Form	3
Intravenous Drug Use	4
Lack of Evidence of NHS Transfusion / Blood Product	71
Medical Records Destroyed/Unavailable	113
Natural Clearer (Non-Chronic)	11
Overseas Transfusion	3
Tattoos	2
TOTAL	208

Figure 8 - Applications declined by the Skipton Fund and approved by the Skipton Fund Appeal Panel - Skipton Fund reasons for refusal.



Analysis of reasoning given by the Skipton Fund Appeal Panel for allowing appeals

Anti-D Immunoglobulin Injection

- 110. The Skipton Fund Appeal Panel approved one application that had been declined by the Skipton Fund on the basis of anti-D immunoglobulin not being infected with hepatitis C.
- 111. It is unclear why this application was overturned by the Skipton Fund Appeal Panel. The additional material provided includes a written statement from the applicant explaining that she was given a blood transfusion alongside the anti-D immunoglobulin, although the applicant notes that these records have been destroyed. Also included is a letter from the applicant's doctor noting that she possibly received a blood transfusion at the time of her anti-D immunoglobulin injection.

Application Form

- 112. The Skipton Fund Appeal Panel approved three applications that had been declined by the Skipton Fund on the basis of Application Form issues.
- 113. Two of the applications that were overturned included additional material in the form of a written statement confirming the date, procedure and location with regards to the incident in which they were treated with NHS blood/blood products.
- 114. Alongside a written statement, one of the applications also included letters from healthcare professionals confirming that medical records for the patient were unavailable.

Intravenous Drug Use

- 115. The Skipton Fund Appeal Panel approved four applications that had been declined by the Skipton Fund on the basis of intravenous drug use.
- 116. Three of the applications that were overturned by the Skipton Fund Appeal Panel included additional material provided by the applicant's doctor confirming that there was no evidence of intravenous drug use, and that the previous mention of intravenous drug use was a mistake.

117. One application overturned by the Skipton Fund Appeal Panel included a letter from the applicant's solicitor noting that the account of a six-month period of intravenous drug use in his records was a wholly inaccurate account of what he had told the Nurse Specialist, and that this referred to the period of six months that he had lived with others who had used drugs intravenously.
118. All of these applications also included a written statement by the applicant explaining that they had never taken drugs intravenously.

Lack of Evidence

119. The Skipton Fund Appeal Panel approved 71 applications that had been declined by the Skipton Fund on the basis of lack of evidence.
120. The vast majority of applications provided additional evidence for consideration at appeal, though the nature of this evidence varied.
121. A common form of additional material was written statements. These included statements from the applicant themselves, as well as friends or relatives. These often included an eyewitness testimony from the applicant, friend or relative that they witnessed the applicant receiving a blood transfusion. This would often be in conjunction with a letter noting that an attempt to find further medical records that detailed the blood transfusion had been unsuccessful.
122. On a number of occasions, an applicant's doctor would provide a supporting letter stating that, in their professional opinion, the nature of the procedures the applicant underwent would have required a blood transfusion at that time.
123. The decision-making process on appeal was particularly unclear in cases where no additional evidence was provided.

Medical Records Unavailable

124. The Skipton Fund Appeal Panel approved 113 applications that had been declined by the Skipton Fund due to lack of supporting confirmation that they had been treated with NHS

blood and blood products prior to September 1991. Reasoning behind any of the decisions to overturn was not given in any of the appeals decision letters provided. Each letter states that the Skipton Fund Appeal Panel was satisfied that it was more likely than not that the infection resulted from NHS treatment. There is no clearly identifiable differentiating factor in those cases that were overturned when compared with those that were not.

125. The vast majority of applications did provide additional evidence for consideration at appeal, though the nature of this evidence varied. A common form of evidence put forward was a written statement from the applicant and friends/relatives.
126. In combination with written statements, where medical records were confirmed to be destroyed in line with retention policies of the relevant NHS trust, photographs of scarring were sent in many cases, corroborating the injuries that necessitated the transfusion referenced on the application form.
127. In a few cases, a doctor's letter accompanied these photographs to confirm that these injuries would almost certainly have required a blood transfusion.
128. In one case reviewed by the Inquiry, an application was declined by the Skipton Fund on the grounds that there was a lack of evidence. In the rejection letter to the applicant, the view of the Medical Director was expressed; that "if there were medical records written prior to the establishment of the Skipton Fund (2004) which [recorded] a transfusion (even though it has been established that definitive records from the time are no longer available) then we could consider the application again."⁶¹
129. On a number of occasions, the Scheme Administrator wrote to applicants to ask for particular evidence such as a witness statement describing the procedure and the need for transfusion and photographs of scarring.
130. The decision-making process on appeal was particularly unclear in cases where no additional evidence was provided.

Natural Clearers

131. The Skipton Fund Appeal Panel approved 11 applications that had been declined by the

⁶¹ SKIP0000038_036.

Skipton Fund on the grounds of natural clearance.

132. These applications were overturned by the Skipton Fund Appeal Panel on the basis that applicants were able to provide additional material to evidence that their hepatitis C infection was chronic. Six of these applications were overturned due to supporting opinions from doctors expressing the view that the applicants' hepatitis C infection was chronic. One application was overturned due to the discovery of medical records. Four applications were overturned without any additional material being provided by the applicant.

Overseas Transfusion

133. The Skipton Fund Appeal Panel approved three applications that had been declined by the Skipton Fund on the basis that the applicant had received an overseas transfusion. Two were overturned by the Skipton Fund Appeal Panel on the basis that the applicant was able to provide additional material (including in one case the clinician noting that data relating to an individual's factor concentrate usage in the early years of the database in Oxford was not 100% complete, and consequently there is no documented evidence for some individuals who received factor concentrate during the relevant period). One was overturned with no additional material having been provided.

Tattoo

134. The Skipton Fund Appeal Panel approved two applications that had been declined by the Skipton Fund on the basis of an applicant's tattoo being the more likely source of hepatitis C infection.
135. The additional material provided by one of the applicants included a letter from a surgeon who shared the views of several other doctors that the applicant's illness and surgery would have required blood products, a CDC statement on hepatitis C and tattoos and an explanation for the applicant's treatment in Australia years later.
136. It is unclear why the other application was overturned by the Skipton Fund Appeal Panel as no additional material was provided.

PART 2: CASE SUMMARIES

137. As explained above, the Inquiry Team has reviewed a large number of applications made to the Skipton Fund and appeals to the Skipton Fund Appeal Panel. The purpose of Part 2 of this Note is to set out a number of case summaries to assist in understanding the decision-making processes.
138. Each summary, unless otherwise noted, is derived from the Skipton Fund applicant files that have been made available to the Inquiry. Applicant files typically contain the application form, documentation submitted in support of the application and correspondence from the applicant, Skipton Fund, Skipton Fund Appeal Panel and other relevant bodies or individuals. These case summaries illustrate aspects of the application process and the process for appeal. It is hoped that each summary provides an insight into the nature and extent of material applicants had to provide for applications to the Skipton Fund.
139. These summaries cover the following key issues or areas for refusal:
- 139.1. Anti-D Immunoglobulin Injection
 - 139.2. Lack of Evidence
 - 139.3. Medical Records
 - 139.4. Natural Clearers
 - 139.5. Infection Post September 1991
 - 139.6. IV Drug Use
 - 139.7. Time Limits

Case 1 - SKIP0000028_009 - 7118 - Declined - Appeal Refused

Case 2 - SKIP0000018_008 - 5282 - Declined - Appeal Refused

Case 3 - SKIP0000079_017 - 7304 - Declined - No Appeal

Case 4 - SKIP0000081_010 - 8868 - Declined - No Appeal

Case 5 - SKIP0000044_008 - 8746 - Declined – Appeal Refused

Case 6 - SKIP0000088 - 7479 - Declined - Appeal Approved

Case 7 - SKIP0000027_006 - 7725 - Declined - Appeal Refused

Case 8 - SKIP0000028_006 - 8651 - Declined - Appeal Refused

Case 9 - SKIP0000001_008 - 7122 - Declined - Appeal Refused

Case 10 - SKIP0000050_005 - 6338 - Declined - Appeal Refused

Case 11 - SKIP0000072_006 - 8463 - Declined - No Appeal

Case 12 - SKIP0000047_003 - 8452 - Declined - Appeal Refused

Case 13 - SKIP0000041_005 - 7894 - Declined - Appeal Refused

Case 14 - SKIP0000079_025 - 7629 - Declined - No Appeal

Case 15 - SKIP0000041_004 - 8645 - Declined - Appeal Refused

Case 16 - SKIP0000081_005 - 7171 - Declined - No Appeal

Case 17 - SKIP0000071_003 - 8711 - Declined - No Appeal

Case 18 - WITN0850001 - 5424 - Declined - No Appeal

Case 19 - SKIP0000042_009 - 5700 - Declined - Appeal Refused

Case 20 - SKIP0000048_389 - 8694 - Declined - Appeal Refused

Case 21 - SKIP0000041_006 - 8490 - Declined - Appeal Refused

Case 22 - SKIP0000082_001 - 7191 - Declined - No Appeal

Case 23 - SKIP0000082_026 - 6834 - Declined - No Appeal

Case Summaries: Anti-D Immunoglobulin Injection

Case 1 - SKIP0000028_009 - 7118 - Declined - Appeal Refused

140. The applicant applied to the Skipton Fund for a Stage 1 payment in August 2007. She claimed that the source of her hepatitis C infection was an anti-D immunoglobulin injection, received in 1984.
141. The applicant submitted medical records in support of her application. Her medical records show that her hepatitis C had reached the chronic stage and that she had consequently developed cirrhosis. Her infection was characterised as a genotype 4 infection, and also showed that she had received gamma globulin for a rubella rash.
142. In June 2008, the Skipton Fund declined the application. The Skipton Fund noted that they had been informed by the National Blood Service that the immunoglobulin blood product the applicant had been treated with in 1984 was safe, and therefore not a possible route of hepatitis C infection. This advice⁶² was not provided to her. She appealed the decision.
143. The applicant provided a written statement in support of her appeal. She noted that genotype 4 had Egyptian/Middle Eastern origins and she stated that she had never visited these countries. She explained that a consultant at Birmingham Hospital had informed her that blood from these regions had been imported around the time she received an anti-D immunoglobulin injection, and that this blood was not necessarily screened.
144. In October 2008, the Skipton Fund Appeal Panel refused the appeal. The Skipton Fund Appeal Panel noted that: *“Our expert members accepted the universally held opinion that a transfusion with anti-D would have been without any risk of infection with hepatitis C. This is because only British NHS anti-D would have been used in these circumstances and there has never been any evidence that this product carried any risk of transmitting Hepatitis C. Other imported anti-D products are known to have carried such a risk but would not have been used in your case.”*

Case 2 - SKIP0000018_008 - 5282 - Declined - Appeal Refused

145. The applicant applied to the Skipton Fund for a Stage 1 payment in October 2004. She

⁶² SKIP0000031_071.

claimed that the source of her hepatitis C infection was an injection of anti-D immunoglobulin received in 1981, following delivery of her third child.

146. The application was declined in March 2005. The Skipton Fund stated that recent guidance had been obtained from the NBS regarding anti-D immunoglobulin as a source of hepatitis C infection. This guidance or advice was not provided to the applicant.⁶³ The Skipton Fund stated that the NBS considered British anti-D immunoglobulin from that time to be safe from infection. The applicant decided to appeal the decision in March 2005.
147. In support of her appeal, the applicant provided a personal statement, detailing her medical history and experiences of hepatitis C. This statement was supplemented with medical records evidencing the anti-D immunoglobulin injections she received in 1981. Her consultant hepatologist also wrote a letter in support of her appeal, in which it was stated that her only risk factor for hepatitis C was the anti-D immunoglobulin injection received in 1981. This also pointed out that since the anti-D injection the applicant had been exhibiting symptoms seen in patients with hepatitis C.
148. The Skipton Fund Appeal Panel refused the appeal in December 2006. The Skipton Fund Appeal Panel acknowledged the submitted medical records, but maintained that anti-D immunoglobulin injections presented no risk of infection with hepatitis C.
149. The applicant made a second application to the Skipton Fund for a Stage 1 payment, first in December 2013 and resubmitted in September 2014. In support of this application, further medical records documenting the injections with anti-D immunoglobulin were provided. In support of this second application, her consultant hepatologist provided an additional letter of support, which indicated that she was identified as being hepatitis C positive by the Blood Transfusion Service. The Skipton Fund was not able to verify this.
150. The second application was declined by the Skipton Fund in November 2014. The Skipton Fund acknowledged that additional medical records had been provided, but maintained the position that anti-D immunoglobulin injections were not a source of hepatitis C infection. The application was referred to the Skipton Fund Appeal Panel for a second time, on account of the new medical records that had been provided.
151. In support of the second appeal, written statements from the applicant's daughter, a friend

⁶³ SKIP0000031_071.

of the applicant and a Clinical Nurse Specialist who had been involved in her treatment were submitted. The consultant hepatologist who had supported her first application provided an additional statement. This stated: *“I support her appeal that she has received either hepatitis C-infected anti-D or that she acquired hepatitis C at the time of her one of her five surgical interventions performed prior to 1991 (umbilical hernia repair, laparoscopic sterilisation and 3 episiotomies).”* The applicant also provided an additional personal statement, affirming all points addressed in previous correspondence.

152. The applicant’s General Practitioner contended that, with regards to hepatitis C, there was a *“high possibility of the infection (having) been caught from an anti D injection in 1981.”*
153. The Skipton Fund Appeal Panel refused the appeal in respect of the second application in April 2015. The Panel acknowledged that there was sufficient evidence to conclude that she had received an *“intramuscular transfusion of anti-D immunoglobulin in [GRO-A] 1981 and that the product used was the UK BPL product batch GD57”* but maintained that the product was safe and free from contamination with hepatitis C.
154. It is unclear how the Skipton Fund Appeal Panel concluded that the anti-D was intramuscular and from BPL as there is no record on the Skipton Fund file of any inquiries as to this being made.
155. The applicant has since applied to the English Infected Blood Support Scheme. Her application was supported with the same information and has been successful. Her payments were backdated to the date the application was received.

Case Summaries: Lack of Evidence

Case 3 - SKIP0000079_017 - 7304 - Declined - No Appeal

156. The applicant applied to the Skipton Fund for a Stage 1 payment in February 2009. He claimed that the source of his hepatitis C infection was a blood transfusion he received in 1986, following a surgical procedure as treatment for an ankle fracture. The hospital where he was treated had no records relating to him.
157. In support of his application, the applicant submitted three clinic letters dated from before the Skipton Fund came into existence, linking his hepatitis C infection to his blood

transfusion, although no direct record of the transfusion itself was provided. It was also noted that he had no other risk factors for hepatitis C infection.

158. In April 2009, the application was declined by the Skipton Fund due to a lack of evidence that confirmed treatment with NHS blood or blood products. In the refusal letter the Skipton Fund stated: *'On two of the letters we have received (one from 2000 and one from 2001) it mentions a past transfusion, but in the absence of medical records this was presumably as a result of consultation between you and your doctor.'*
159. The applicant felt unable to appeal the decision given his dyslexia.

Case 4 - SKIP0000081_010 - 8868 - Declined - No Appeal

160. The applicant applied to the Skipton Fund for Stage 1 payment in April 2017. He claimed that the source of his hepatitis C infection was a blood transfusion he received in 1991 during a testicular operation.
161. In support of his application, the applicant submitted medical records detailing the treatment he received at that time. A record detailing the operation he underwent in 1991 was also provided. The record included a note which looks like it records *'discharged w. ½ pint blood (clot)(Illegible) stitches'*
162. In May 2007, the Skipton Fund declined the application on the grounds that there was a lack of supporting medical records confirming that the applicant was treated with NHS blood or blood products prior to September 1991.

Case 5 - SKIP0000044_008 – 8746 - Declined - Appeal Refused

163. The applicant applied to the Skipton Fund for Stage 1 payment in May 2016. He claimed that the source of his hepatitis C infection was a blood transfusion received in the 1970s following surgery for a ruptured Achilles tendon, caused by putting his foot through a broken window on a landfill site when he was aged 10/11.
164. In support of the application, multiple medical records were submitted. In particular, there were medical records evidencing his hepatitis C diagnosis. The applicant also provided the

Skipton Fund with photographs of his scars, a GP record sheet which detailed the date of the accident and a discharge summary dated 1978. He also provided confirmation from the provider of his treatment, noting the destruction of his medical records, in line with NHS Trust Policy.

165. In July 2016, the application was declined on the grounds that the medical records provided could not confirm treatment with blood or blood products. The Skipton Fund noted that the medical records they received from 1978 made reference to a "*laceration to the right tendon-Achilles with glass*" and that "*routine repair was carried out*". The Skipton Fund contended that such an operation would not have required a blood transfusion. He appealed this decision.
166. In support of the appeal, written statements were provided by his clinician, his mother (who confirmed a history of blood transfusion), the friend who carried him home after the accident and confirmed that he had severe bleeding for over an hour due to cuts on his lower leg, and the applicant himself (who also confirmed that he was bleeding profusely for more than an hour). The applicant's clinician attested to there being a probability that he was infected at the time of his transfusion. The supplementary personal letters stated that a transfusion of blood was received as part of his treatment.
167. The Skipton Fund Appeal Panel refused the appeal in November 2016. It was noted that the claimed source of infection was treatment for injuries sustained to a part of the body (the back of the leg) that is lacking in blood vessels and therefore bleeding would have been minimal. As such, the likelihood that the applicant would have required a blood transfusion was said to be low. No reference was made to the supporting evidence that he had cut his lower leg badly in the accident which had led to a prolonged period of blood loss.

Case 6 - SKIP0000088 - 7479 - Declined - Appeal Approved

168. The applicant applied to the Skipton Fund for a Stage 1 payment in September 2009. He claimed that the source of his hepatitis C infection was a blood transfusion in 1974, following an operation for the removal of a tumour from his nasal cavity. The application form notes that the procedure was repeated again in 1975.

169. In support of the application, multiple medical records were submitted. Those records confirmed the procedures the applicant underwent in 1974 and 1975. His clinician wrote in support of his application, contending that the applicant would have required a blood transfusion following his treatment in 1974.
170. In December 2009, the application was declined by the Skipton Fund due to a lack of confirmation that the applicant was treated with NHS blood or blood products prior to September 1991.
171. The applicant appealed this decision in January 2010. In support of his appeal, he consulted a private clinician who provided a statement in support of his appeal. The clinician attested to the likelihood that a blood transfusion would have been needed in the applicant's case. The applicant also submitted medical articles, which highlighted the need for a blood transfusion during the procedure in question.
172. In March 2010, the Skipton Fund Appeal Panel allowed the appeal.

Case 7 - SKIP0000027_006 - 7725 - Declined - Appeal Refused

173. The applicant applied to the Skipton Fund for a Stage 1 payment in January 2011. He claimed that the source of his hepatitis C infection was a blood transfusion at Kettering General Hospital in either 1969 or 1970. It was claimed that the blood transfusion was treatment for injuries; a broken nose, broken teeth and associated blood loss.
174. In support of the application, medical records evidencing a chronic hepatitis C infection were submitted. The applicant was able to provide dental records from the time of his injuries. No further medical records were provided, and it was confirmed that records of the claimed blood transfusion would have been destroyed in line with the NHS Trust's policy.
175. In May 2011, the application was declined by the Skipton Fund. The Skipton Fund noted that this was due to a lack of supporting medical records confirming that the applicant underwent treatment with NHS blood or blood products prior to September 1991. He appealed this decision.
176. In support of his original application, the applicant referred to his mother's diary as

evidence that he had developed jaundice in December 1970. The Chairman of the Skipton Fund Appeal Panel requested that these pages be certified by a solicitor and submitted. The applicant fulfilled this request.

177. In further support of his appeal, the applicant provided his school attendance records. These records noted that his attendance in 1969, the year he stated he was infected with hepatitis C, was significantly lower than the years preceding and proceeding it.
178. In May 2012, the Skipton Fund Appeal Panel refused the appeal, stating that “... *the jaundice you suffered in April 1970 could not have been connected with a transfusion in August 1969 as the gap in time was too long. The Appeals Panel decided that it was not clinically plausible that the injury you suffered would have necessitated a transfusion.*”
179. In response to the Panel’s decision, the applicant’s clinician submitted an additional letter outlining his objection to the applicant’s exclusion from the scheme. The clinician, a consultant microbiologist, stated that “*on balance, as an expert in the area of clinical microbiology and as a clinical practitioner, I would have some concerns around these findings... as to whether or not you had a blood transfusion, my view is that it would be difficult to conclude that it was not clinically plausible given that your injury was severe enough that you had to be hospitalised and the need for a blood transfusion would have been determined by the amount of blood loss rather than the specific injuries. In addition significant blood loss associated with facial injuries is well recognised.*”
180. The letter further challenged the justification provided by the Panel: “*In terms of the issue of Hepatitis C, the accepted incubation period for Hepatitis C is up to 26 weeks, however longer incubation periods are described in the literature and it is therefore, in my opinion, possible that the jaundice you developed in 1970 could have been due to Hepatitis C acquired from a blood transfusion in August 1969, especially given your lack of other risk factors for this condition. In addition tests performed at the time of your jaundice in 1969 would have been inconclusive, as Hepatitis C virus was not identified at that time.*”
181. The Panel reviewed the application for a second time in August 2012 but upheld the original decision and refused the appeal. The Panel maintained the view that “*the average interval between infection with hepatitis C and the onset of jaundice is shorter than that experienced in this case, more typically 8 to 12 weeks rather than the 7 months in your case.*”

Case 8 - SKIP0000028_006 - 8651 - Declined - Appeal Refused

182. The applicant applied to the Skipton Fund for a Stage 1 payment in November 2015. He claimed that the source of his hepatitis C infection was a blood transfusion he received in 1981 following septoplasty/rhinoplasty surgery.
183. In support of his application, the applicant submitted the referral letter and discharge summary for the operation he underwent in 1981. He obtained confirmation from the relevant NHS Trust that no further records were available.
184. In January 2016, the Skipton Fund declined the application. The Skipton Fund noted that although the medical records they had received made reference to the injuries the applicant had sustained and the procedures he underwent, they were not able to conclude that treatment with blood or blood products would have been probable. The applicant appealed the decision.
185. In support of his appeal, the applicant obtained a letter from his GP, who attested to the lack of other risk factors to which the hepatitis C could be attributed. His wife also wrote in support of his application, noting that after the applicant's operation, he spent a longer amount of time in the recovery room than had been anticipated and states that, at the time, she was advised that this was due to the amount of blood he lost during surgery. She records that she was told by the hospital that the applicant had received plasma to help stem the flow of blood.
186. In July 2016, the Skipton Fund Appeal Panel refused the appeal. The Panel justified the decision on the grounds that the submitted discharge letter made no reference to any complications during surgery. It contended that if there was bleeding to an extent warranting a blood transfusion had occurred, it would have been mentioned in the discharge summary.

Case 9 - SKIP0000001_008 - 7122 - Declined - Appeal Refused

187. The applicant applied to the Skipton Fund for Stage 1 payment in February 2008. She claimed that her hepatitis C infection was attributable to various blood transfusions received between 1974 and 1983.

188. In support of her application, the applicant submitted the discharge summaries detailing the procedures she underwent between 1974 and 1983. She underwent a laparoscopy in 1973, a hysterosalpingogram, a salpingectomy and an appendectomy in 1974, a laparotomy and ovarian cyst removal in 1976, and a laparotomy and ovariectomy in 1983.
189. The Skipton Fund declined her application in April 2008. The Skipton Fund justified the decision on the grounds that the medical records provided made no reference to treatment with blood or blood products during surgery, nor suggested there was a need for them. The applicant appealed this decision.
190. In support of her appeal, the applicant provided a further personal statement stating that she had been told that blood transfusion was common during the time she had her operations and records of this were not always kept. She also submitted letters from the relevant NHS Trusts, confirming her medical records had likely been destroyed in line with Trust policy.
191. In June 2009, the Skipton Fund Appeal Panel refused the appeal. The Panel noted that there was no record of any transfusion in the medical records and concluded that it was unlikely that the injuries she sustained and surgery she underwent would require a blood transfusion.

Case 10 - SKIP0000050_005 - 6338 - Declined - Appeal Refused

192. The applicant applied to the Skipton Fund for a Stage 1 payment in July 2004. He claimed that the source of his hepatitis C infection was a blood transfusion received in 1965 as treatment for a stab wound to the abdomen.
193. In support of his application the discharge letter from the time of the operation in 1965 was submitted.
194. In March 2006, the application was declined. The Skipton Fund noted that this was due to a lack of supporting confirmation that he received NHS blood or blood products prior to September 1991.
195. The applicant appealed this decision. His clinician provided a written statement in support of his appeal noting that (i) his medical records in respect of the relevant operation had

been destroyed; and (ii) that the course of his hepatitis C had been identified by his treating clinicians many years before the existence of the Skipton Fund was created as a blood transfusion. The applicant also provided a written statement in support of his application setting out his clear recollection of having received a blood transfusion.

196. In June 2007, the Skipton Fund Appeal Panel refused the appeal. The Panel outlined that the discharge letter did not mention any blood transfusion.

Case 11 - SKIP0000072_006 – 8463 - Declined - No Appeal

197. The applicant applied to the Skipton Fund for Stage 1 payment in July 2014. The application form noted that he received a blood transfusion in 1975 following a compound fracture suffered after an accident at home. The applicant claimed that this was the source of his hepatitis C infection.
198. In support of the application, there are medical records confirming his hepatitis C diagnosis. There is a letter from the hospital in which he received treatment confirming that his medical records were destroyed. There is also a page of A&E notes from the hospital where he underwent treatment in 1975. These notes provide some detail of the injuries he sustained and the treatment he underwent. In addition, there is a letter from the applicant's doctor confirming that it is possible he had a blood transfusion following the treatment he received in 1975.
199. In February 2015, the Skipton Fund declined the application. The Skipton Fund noted that the A&E notes they had received provided some detail of injuries he sustained and the treatment he underwent. However, there was no reference to him receiving blood or blood products in those notes.
200. The applicant has a clear recollection of his father cleaning a lot of blood off the driveway after his accident (suggesting significant blood loss), but as there was no opportunity to put this information in the Skipton Fund form, this information was not before the Skipton Fund.

Case 12 - SKIP0000047_003 - 8452 - Declined - Appeal Refused

201. The applicant applied to the Skipton Fund for a Stage 1 payment in April 2014. The application form notes that he received a blood transfusion in 1987 following an operation on his brain. It was claimed that this was the source of his hepatitis C infection.
202. Various medical records were submitted in support of his application. There are medical records confirming the operation and hepatitis C diagnosis. In particular, there are records showing that blood products were cross-matched to the applicant and ordered to the operating theatre.
203. In August 2014, the Skipton Fund declined the application. The Skipton Fund noted that this was due to lack of evidence that the transfusion actually took place. He appealed this decision.
204. In support of the appeal, the applicant provided the Skipton Fund Appeal Panel with additional medical records. In particular, supporting written statements were also provided by the applicant and his wife in which it was stated that she was told that her husband had had a blood transfusion during surgery.
205. In October 2012, the appeal was refused by the Skipton Fund Appeal Panel, which stated that it was rare that a blood transfusion would have been required for the procedure the applicant underwent. The Panel also noted that the hospital records did not mention any complications which would have required him to be transfused.

Case Summaries: Medical Records

Case 13 - SKIP0000041_005 - 7894 - Declined - Appeal Refused

206. The applicant applied to the Skipton Fund for a Stage 1 payment in June 2010. The applicant claimed that the source of her hepatitis C infection was a postpartum blood transfusion(s) received in 1963, 1965 and 1968.
207. In support of the application, the applicant submitted letters from the hospital which had provided her treatment and GP surgery, confirming that her medical records were destroyed. A further letter was submitted from the applicant's clinician stating that she had no other perceived risk factors for hepatitis C and that it was a probability not a possibility

that the source of her hepatitis C was NHS treatment.

208. In September 2011, the Skipton Fund declined the application. The Skipton Fund noted that this was due to lack of supporting confirmation that the applicant required treatment with NHS blood or blood products prior to September 1991. The applicant appealed this decision, however passed away before the outcome of the appeal. As such, her husband took over the appeal.
209. In support of the appeal, the applicant's husband provided the Skipton Fund Appeals Panel with a letter from his late wife's doctor, dated July 1991, which stated: "*She has had two caesareans and forceps delivery in the past and with her last caesarean she had tubal ligation carried out*" and "*[s]he had a thyroid operation 26 years ago*". In addition, the applicant's husband provided a personal statement provided by the applicant, recalling the caesarean his late wife underwent and the blood transfusions she received.
210. The Skipton Fund Appeal Panel refused the appeal on the following grounds: "*...It appears that your wife had 2 caesarean section births and underwent other surgery but there is no suggestion that the births resulted in haemorrhages (which commonly required transfusions) or that the other surgery she underwent was of the type that normally required a transfusion. There is no suggestion in the records that a transfusion was given.*"

Case 14 - SKIP0000079_025 - 7629 - Declined - No Appeal

211. The applicant applied to the Skipton Fund for Stage 1 payment in July 2010. His application form notes that he received a blood transfusion in 1987 following multiple operations for facial injuries caused in a brutal attack on him by eight men.
212. He provided the Skipton Fund with his hepatitis C test results. The Skipton file notes that there are no medical records relating to the procedure he underwent in 1987. There is a letter from the GP confirming that there are no letters detailing any hospital appointments or admissions prior to 1990 in his records (albeit he was able to provide his appointment card showing multiple appointments) and a letter from the applicant stating that the hospital where he received his treatment did not find any records.
213. The applicant himself has a clear recollection of having a blood transfusion, but given the design of the Skipton Fund application form this information was not provided by him.

214. In December 2010, the Skipton Fund declined the application. The Skipton Fund noted that this was due to lack of supporting evidence that he required treatment with NHS blood or blood products prior to September 1991.
215. The applicant did not appeal this decision.

Case 15 - SKIP0000041_004 - 8645 - Declined - Appeal Refused

216. The applicant applied to the Skipton Fund for a Stage 1 payment in September 2014. The application form notes that he received a blood transfusion aged 4, following a hit and run accident in 1963.
217. In support of the application, multiple documents were submitted, including confirmation that his medical records had been destroyed, as well as evidence of his hepatitis C diagnosis.
218. In April 2016, the application was declined by the Skipton Fund. The Skipton Fund noted that this was due to lack of supporting medical records confirming the applicant was treated with NHS blood or blood products.
219. The applicant appealed this decision but passed away in October 2016. His wife continued the appeal. The following documents were provided in support of the appeal (i) a letter from the applicant's sister who recalled that he had a blood transfusion; (ii) a letter from his wife reporting that his parents (now deceased) always said that he had had blood transfusion, as well as a description of him having had not only a head injury but internal bleeding; and (iii) a doctor's letter which noted some of the applicant's medical history.
220. The Skipton Fund Appeal Panel refused the appeal. The Panel noted that there were no records of a blood transfusion in the medical notes and that while there was evidence of bleeding from the ear and nose and he was in a coma for two weeks, there was no explanation for why a blood transfusion was needed – it being unusual for a blood transfusion to be required for bleeding from the skull. No mention is made of the reports of his internal bleeding.

Case 16 - SKIP0000081_005 - 7171 - Declined - No Appeal

221. The applicant applied to the Skipton Fund for a Stage 1 payment on 10 April 2008. The application form noted that he received a blood transfusion in 1979 after a road traffic accident which caused a serious injury to his leg.
222. In support of his application, a letter written by his doctor dated 18 September 1979 was provided. The letter noted that the applicant had an operation that year, describing his recovery and the severity of his injuries. Letters from other doctors detailing his hepatitis C status and stating that the blood transfusion in 1979 was the most likely source of infection were also provided (this link having been made as soon as he was diagnosed in 2003, before the Skipton Fund was even created). Also included was a letter sent from Blackpool, Flyde and Wyre Hospital NHS Foundation to the applicant noting that his medical records had been destroyed under government guidelines, and consequently that there was no evidence of his treatment in August 1979 and 1981.
223. The Skipton Fund declined the application on the basis that there were no medical records to confirm he received blood or blood products following the road traffic accident in 1979.

Case 17 - SKIP0000071_003 - 8711 - Declined - No Appeal

224. The applicant applied to the Skipton Fund for a Stage 1 payment in April 2016. The application form noted that she contracted hepatitis C after she received a blood transfusion following a miscarriage in 1965.
225. Her doctor noted in her application form that *“It is possible that [the applicant] had blood transfusion[s] between 1966-68 after a miscarriage as her medical records show evidence of anaemia”*. In support of this, the doctor provided medical records relating to her low haemoglobin levels in 1966 when she was pregnant and subsequently treated with an imferon drip.
226. The Skipton Fund refused this application on the basis that there were no medical records relating to her hospital admission in 1965.
227. The applicant has a clear recollection of having had a blood transfusion, but given the design of the Skipton Forms, this information was not before the Skipton Fund.

Case Summaries: Natural Clearers

Case 18 - WITN0850001 - 5424 - Declined - No Appeal

228. The applicant applied to the Skipton Fund for a Stage 1 payment in 2004. The Inquiry has not been able to locate her Skipton Fund application file. Her witness statement and exhibits note that (i) she received blood products and blood in 1970, 1979, 1981 and December 1983 and (ii) that she was diagnosed in 1993 but told that she had cleared the virus in 1996. The Skipton Fund declined her application on the basis that her hepatitis C infection never progressed to a chronic stage, and was cleared prior to the submission of her application.
229. The applicant's clinician, wrote to the Skipton Fund regarding this decision, emphasising that despite the fact that she did not have a chronic infection or evidence of a chronic infection, her life had been affected in all sorts of ways over the years by the worry of hepatitis C. He noted that the major reasons for this was due to the history of the way tests for hepatitis C were developed. For many years, it was not clear whether individuals, such as the applicant, did not actually have chronic hepatitis C. Prior to the availability of sensitive PCR testing, many patients were living with uncertainty and considerable trauma not knowing if their infection was chronic or not.
230. In response, the Skipton Fund Director, Peter Stevens stated: "...the reason for the delay is that we have been arguing strenuously with the DoH officials that the exclusion from the scheme of this small group of individuals was not mean-minded but also...unfair... I am very sorry to have to do this, since your letter is perfectly persuasive for me. We are, however, operating only as agents for the DoH, and while there are cases in which we can exercise discretion in the interpretation of scanty or ambiguous evidence, in this area there is no room for such discretion and we must do as we are told." (Emphasis added.)

Case Summaries: Infection Post September 1991

Case 19 - SKIP0000042_009 - 5700 - Declined - Appeal Refused

231. The applicant applied to the Skipton Fund for a Stage 1 payment in December 2004. Her application form noted that she contracted hepatitis C following a blood transfusion she received during cancer treatment in February 1992.

232. The application was declined on 14 December 2004 because the date of the transfusion fell outside the scheme's guidelines.
233. In February and March 2005, letters from three specialists⁶⁴ were addressed to Keith Foster of the Skipton Fund. Each specialist wrote in support of the application, explaining that the NHS treatment she received in February 1992 was the only risk factor for her hepatitis C infection. All questioned the September 1991 cut-off date, describing it as arbitrary. Keith Foster responded, stating that the claimed source of infection fell outside of the scheme guidelines.
234. The applicant sought to appeal against the Skipton Fund's decision, though at the time, the Skipton Fund Appeal Panel had not been established. In July 2006, Nicholas Fish from the Skipton Fund advised her that as she was appealing against the guidelines of the scheme, she should write directly to the DoH and explain her situation. An address for the Blood Policy Group was provided.
235. The final decision of the Skipton Fund Appeal Panel is not included in the Skipton Fund file, though it is known that the appeal was refused. She later applied for support from the England Infected Blood Support Scheme. Her application has been refused.
236. The applicant has instituted legal proceedings and the case is ongoing - **GRO-A** v SSHSC and NHSBSA.⁶⁵

Case Summaries: Intravenous Drug Use

Case 20 - SKIP0000048_389 - 8694 - Declined - Appeal Refused

237. The applicant applied to the Skipton Fund for a Stage 1 Payment in March 2016. The applicant's claimed source of infection was a blood transfusion received in 1986 as treatment for a ruptured spleen, caused by a road traffic accident.
238. In support of their application, the applicant submitted medical records, detailing the

⁶⁴ Dr Matthew E Cramp, Consultant Physician & Hepatologist; Dr MD Hamon, Consultant Haematologist and Dr Brian Attock, Consultant Haematologist.

⁶⁵ *R (on the application of **GRO-A**) vs The Secretary of State for Health and Social Care (1) National Health Service Business Services Authority (2).*

treatment provided in 1986, and medical records detailing treatment for their hepatitis C infection. The applicant's medical records described him as an "ex-IVDU" who, by 2012, had been "off IVDU for the past 10 years".

239. In Part 4B of the application form, the completing clinician made reference to a period of 'illicit' drug use whilst the applicant was in their twenties. The clinician affirmed that in their opinion, this period of drug use did not affect the applicant's eligibility to the Skipton Fund. In April 2016, the applicant's application was declined by the Skipton Fund. The applicant appealed this decision.
240. In support of the appeal, the applicant submitted a statement, challenging the merits on which the application had been refused. The applicant referred to the opinions of two clinicians; one who had provided his treatment and another who had commented on his case.
241. In further support of the appeal, the applicant submitted further medical records, in which he identified dating errors and highlighted missing details. The applicant suggested that such errors evidenced the possibility that the claimed transfusion had been omitted from their records.
242. The Skipton Fund Appeal Panel refused the applicant's appeal in March 2007. The Skipton Fund Appeal Panel concluded that, "based on the evidence and conclusions of the expert report, your [the applicant's] drug use was by far the more likely cause of your [the applicant's] infection".
243. In response to the Skipton Fund Appeal Panel's refusal, the applicant requested, among other things, all minutes for the meeting at which the applicant's case was decided, as well as copies of the evidence relied on to support the decision.
244. On behalf of the Skipton Fund Appeal Panel, the Skipton Fund Scheme Administrator responded to the applicant's request. The Skipton Fund Scheme Administrator provided a description of the decision-making process, and a summarisation of the infection statistics relied on by the Skipton Fund Appeal Panel. There is no record that the Skipton Fund Appeal Panel provided the applicant with the 'Expert Report' referred to in the refusal letter.

Case 21 - SKIP0000041_006 - 8490 - Declined - Appeal Refused

245. The applicant applied to the Skipton Fund for a Stage 1 Payment in August 2014. The applicant's claimed source of infection was a blood transfusion in 1981 following a laparotomy to treat a stab wound.
246. In October 2014, the applicant's application was declined by the Skipton Fund. The Skipton Fund justified its decision, primarily on the grounds that none of the information provided in the application form supported the applicant's claimed source of infection. The Skipton Fund also noted that the applicant's clinician "mentioned that you [the applicant] have had a period of intravenous drug use which is a far greater risk for contracting hepatitis C than the receipt of blood or blood products. The applicant appealed this decision.
247. In support of his appeal, the applicant submitted a personal statement, detailing his perceived risks of infection. The applicant noted that he injected drugs once in 1978 with clean equipment and needles obtained from a needle exchange. Also provided is a follow up letter with regards to the applicant's laparotomy, photographs of his scar wound, as well as documentation confirming that his medical records have been destroyed.
248. In April 2015, the Skipton Fund Appeal Panel refused the applicant's appeal. The Skipton Fund Appeal Panel considered that the applicant's drug use, even in the limited circumstances described, was by far the more likely cause of his infection with hepatitis C.

Case 22 - SKIP0000082_001 - 7191 - Declined - No Appeal

249. The applicant applied to the Skipton Fund for a Stage 1 Payment in June 2008. Her claimed source of infection was a blood transfusion in 1975 following a caesarean section.
250. In support of their application, the applicant submitted their maternity discharge summary confirming that they underwent a caesarean section, along with a note suggesting that additional records were available but that these had become separated from their main GP records. Also included is a personal statement from the applicant, detailing the incident, and the confirmation of destruction of their medical records.
251. In April 2019, the applicant's application was declined by the Skipton Fund. The Skipton

Fund justified its decision on the grounds that there were no available medical records which confirmed that the applicant received treatment with NHS blood or blood products prior to September 1991. The Skipton Fund further stated that it had been noted that in Part 4B of the applicant's application form that a former partner of the applicant was an intravenous drug user and, due to the high prevalence of hepatitis C among this group, this would be considered an additional risk factor. The Skipton Fund noted that if it were known that the applicant's ex-partner was not infected with hepatitis C, then third party transmission would no longer be considered a risk factor.

252. The applicant did not appeal the Skipton Fund's decision.

Case Summaries: Time Limits

Case 23 - SKIP0000082_026 - 6834 - Declined - No Appeal

253. The applicant applied to the Skipton Fund for a Stage 1 payment in February 2007 on behalf of her deceased husband. The application form notes that he received a blood transfusion following a coronary artery bypass grafting operation performed in November 1990, followed by an amputation due to compartment syndrome.
254. In support of the application, a doctor's medical report was submitted. The report noted that there was evidence to support a blood transfusion in the transfer letter from Cardiothoracic Surgery at the Royal Infirmary where a handwritten letter states "*DIC-type picture bleeding ++*". The doctor noted that this suggested that the patient's coagulation became very abnormal which led to bleeding, and it was very likely that he received a blood transfusion at this point. The doctor also stated that he felt it was more likely than not that the applicant's husband contracted his hepatitis C infection from contaminated blood at the time of his prolonged admission in November 1990.
255. In March 2007, the application was declined by the Skipton Fund. The Skipton Fund noted that they were unable to make payments in respect of those who died before 29 August 2003.
256. The applicant brought a Judicial Review of the scheme which was unsuccessful [2008]

GRO-A

257. Following a suggestion made by the Inquiry, the applicant made an application to SIBBS, who have accepted the claim.

Inquiry Legal Team

15.03.2021