

7725

GRO-A

Skipton Fund Appeal Panel

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: appeal@skiptonfund.org www.skiptonfund.org

Mr. GRO-A
GRO-A
County Wexford
GRO-A

15 August 2012

Dear Mr. GRO-A,

The Skipton Fund Appeals Panel was established on 1 September 2006 to determine appeals by those refused *ex gratia* payments out of the Fund. It is independent of the Department of Health and of the Skipton Fund itself. Its membership comprises an expert in each of the fields of liver disease, blood services and general medical practice together with a lay member and a legally qualified Chair.

The criteria for payments are as follows: for a Stage One payment the person concerned must have been infected with Hepatitis C virus either directly through treatment with NHS blood or blood products before 1 September 1991 or indirectly by contact with such a person. For a Stage Two payment the person concerned must have gone on to develop cirrhosis or cancer of the liver or B-cell non-Hodgkins lymphoma.

The Appeal Panel has no power to hold oral hearings but instead conducts a thorough review of all materials before it including those upon which the Fund made the decision to refuse payment. The Panel also considers all material submitted by you or on your behalf for the purpose of the appeal. It also takes into account the expert knowledge and experience of its professional members.

The Panel cannot vary the terms of entitlement to payment established by the terms of the Skipton Fund itself, for example by allowing payments for infection caused by treatment given after 1 September 1991 or by allowing payments where the infection had cleared spontaneously within six months or by reference to the special rules for those infected by Factor VIII or Factor IX blood products.

In order to succeed on an appeal the appellant must satisfy the Panel that it is probable, that is more likely than not, that the infection with Hepatitis C was indeed caused either directly through treatment with NHS blood or blood products before 1 September 1991 or indirectly by contact with a person who was so infected. In order to be satisfied that this is the case the Panel will pay particular attention to the treatment records of the person concerned.

The Appeal Panel appointed by the Department of Health is independent of the Skipton Fund. Its members are: Professor M. Mildred, A. Hitchman, Dr. D. Mutimer, Dr. Patricia Hewitt, Dr. N. Gourlay

Your appeal was considered by the Panel at its meeting yesterday.

The Panel reviewed the entire file of papers held by the Skipton Fund in connection with your application and all the additional information supplied for the purpose of the appeal. We noted that there was no record of any transfusion in your notes. The Panel, including our expert members, was of the view, supported by the clinical records we have seen, that there is insufficient evidence to show that you were treated by a blood transfusion.

The Panel carefully noted the contents of Dr Murphy's letter of 9 July 2012. The view of the Panel, however, was that the average interval between infection with Hepatitis C virus and the onset of jaundice is far shorter than that experienced in your case, more typically 8-12 weeks rather than the approximately 7 months in your case.

As a result of these considerations we were not satisfied that it is probable that the infection resulted from qualifying NHS treatment and accordingly regret that we must refuse your appeal.

If there is anything in this letter which is not clear to you, please contact Nicholas Fish who will liaise with me to answer your queries. You may wish to take advice from solicitors or a Citizens Advice Bureau. Please note that the Fund will not be responsible for any costs or expenses that you incur in so doing.

If, after receiving replies to any such queries or taking such advice, you consider that we have made a mistake of law or in the manner in which we have dealt with your appeal, you should take legal advice about the possibility of asking the High Court to conduct a Judicial Review of our decision. You should do this as soon as possible (since strict time limits are applied to such applications). The High Court will not, however, generally review the merits of the appeal as opposed to the process by which it was conducted.

Yours sincerely,

GRO-C

Mark Mildred
Chair of Appeal Panel

Mr [GRO-A]
[GRO-A]
Co Wexford
[GRO-A]

2nd August 2012

Dear Mr [GRO-A]

Re: Skipton Fund, Appeal (7725)

I am writing with respect to the letter you recently sent regarding your unsuccessful appeal.

Your letter and the letter from Dr Murphy have been added to your appeal file and your case will be reviewed at the Panel's meeting on 14 August. You will be written to within 5 working days of this meeting with the outcome of your appeal.

Yours sincerely

Nicholas Fish
Scheme Administrator

GRO-A

CO WEXFORD
16 JULY 2012

DEAR NICHOLAS,

AFTER OUR PHONE CONVERSATION AND E MAIL I RETURNED TO ST MARY'S SCHOOL TO HAVE A RE CHECK AND POSSIBLY FIND THE EXACT MONTH IN 1940 WHEN I WAS ABSENT, AFTER SPENDING SOME TIME THERE ALL I COULD FIND WAS THE AMOUNT OF DAYS I MISSED WHICH WAS 19 DAYS, YOU ALLREADY HAVE THIS INFORMATION. I AM SENDING YOU AN OPPINION OF THE SITUATION FROM A CONSULTANT MICROBIOLOGIST, I WAS GIVEN THIS VERBALLY BUT HAD TO REQUEST IT IN WRITING AND IS ENCLOSED WITH THIS LETTER, HER SECUTARY GOT MY FIRST NAME WRONG AS JOHN AND NOT GRO-A, I HOPE THIS IS NOT A PROBLEM, AND ALSO I DO HAVE THE DATE OF THE TRANSFUSSION AND INCIDENT, IT WAS 6 AUG 1969, THIS DATE IS ON MY DENTIST'S LETTER DATED 23 JAN 2012 WHICH YOU ALSO HAVE.

YOURS FAITHFULLY

GRO-A

GRO-C



BON SECOURS HOSPITAL
Bon Secours Health System
College Road, Cork.
Tel: 021-4542807 Fax: 021-4542350
The Pathology Department.

Monday 9th July 2012.

Mr. **GRO-A**
GRO-A

Co. Wexford.

Dear Mr. **GRO-A**,

Thank you for your letter of the 6th July 2012. I have reviewed your note and I have also reviewed the response from the Skipton Fund Appeal panel dated the 31st May 2012.

I note that you were diagnosed with Hepatitis C whilst in St. Vincent's University Hospital in October 2009. In terms of your original accident in the UK in 1969 I believe this happened in late August. You were hospitalised in Kettering General Hospital and I believe that you were informed that you received a blood transfusion at that time. The records pertaining to this admission are no longer available.

In March/April 1970 you developed jaundice and I assume you were investigated at the time in Baggot Street and Sir Patrick Dunne's although the records from these institutions are also, I believe, no longer available.

In terms of the response from the Skipton Fund Appeal I note there were essentially two findings:

1. Given that you did not provide evidence of a record of a transfusion in your notes, they felt that there was insufficient evidence to prove that you were treated by blood transfusion.
2. That the jaundice suffered in April 1970 could not have been connected with the transfusion in August 1969 as the gap was too long.

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.



BON SECOURS HOSPITAL

Bon Secours Health System

College Road, Cork.

Tel: 021-4542807 Fax: 021-4542350

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.

In summary, I feel that both reasons given for refusing your claim could be open to challenge however, it would appear to me that the Skipton Appeal panel have concluded that there is not enough evidence currently provided to substantiate this claim rather than stating that your Hepatitis C was not acquired from your treatment at that time.

The obvious difficulty at this point is the lack of access to your medical records to confirm:

- a) The date of the incident.
- b) The date of the blood transfusion.
- c) The date of the onset and diagnosis of jaundice in March / April 1970 and ideally access to the results of blood tests undertaken at that time if these were performed.

I am not an expert in the area of appeals however given the difficulty with accessing your medical records, I am not sure what avenue is open to you in terms of challenging the result of this panel review.

If I can be of any further help please do not hesitate to contact me.

Yours sincerely,

GRO-C

Dr. O Murphy FRCPi FFPATH MCRN 12469
Consultant Microbiologist.

Skipton Fund Appeal Panel

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: appeal@skiptonfund.org www.skiptonfund.org

Mr GRO-A

GRO-A

County Wexford
Ireland

31 May 2012

Dear Mr GRO-A

The Skipton Fund Appeals Panel was established on 1 September 2006 to determine appeals by those refused *ex gratia* payments out of the Fund. It is independent of the Department of Health and of the Skipton Fund itself. Its membership comprises an expert in each of the fields of liver disease, blood services and general medical practice together with a lay member and a legally qualified Chair.

The criteria for payments are as follows: for a Stage One payment of £20,000 the person concerned must have been infected with Hepatitis C virus either directly through treatment with NHS blood or blood products before 1 September 1991 or indirectly by contact with such a person. For a Stage Two payment the person concerned must have gone on to develop cirrhosis or cancer of the liver.

The Appeal Panel has no power to hold oral hearings but instead conducts a thorough review of all materials before it including those upon which the Fund made the decision to refuse payment. The Panel also considers all material submitted by you or on your behalf for the purpose of the appeal. It also takes into account the expert knowledge and experience of its professional members.

The Panel cannot vary the terms of entitlement to payment established by the terms of the Skipton Fund itself, for example by allowing payments for infection caused by treatment given after 1 September 1991 or by allowing payments where the infection had cleared spontaneously within six months or by reference to the special rules for those infected by Factor VIII or Factor IX blood products.

In order to succeed on an appeal the appellant must satisfy the Panel that it is probable, that is more likely than not, that the infection with Hepatitis C was indeed caused either directly through treatment with NHS blood or blood products before 1 September 1991 or indirectly by contact with a person who was so infected. In order to be satisfied that this is the case the Panel will pay particular attention to the treatment records of the person concerned.

Your appeal was considered by the Panel at its meeting today.

The Appeal Panel appointed by the Department of Health is independent of the Skipton Fund.
Its members are: Professor M. Mildred, A. Hitchman, Dr. D. Mutimer, Dr. Patricia Hewitt, Dr. N. Gourlay

The Panel reviewed the entire file of papers held by the Skipton Fund in connection with your application and all the additional information supplied for the purpose of the appeal. We noted that there was no record of any transfusion in your notes. The Panel, including our expert members, was of the view, supported by the clinical records we have seen, that there is insufficient evidence to show that you were treated by a blood transfusion.

The Panel considered 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 Panel decided that it was not clinically plausible that the injury you suffered would have necessitated a transfusion.

As a result of these considerations we were not satisfied that it is probable that the infection resulted from qualifying NHS treatment and accordingly regret that we must refuse your appeal.

If there is anything in this letter which is not clear to you, or you are uncertain whether any piece of information reached the Panel for consideration, please contact Nicholas Fish who will liaise with me to answer your queries. You may wish to take advice from solicitors or a Citizens Advice Bureau. Please note that the Fund will not be responsible for any costs or expenses that you incur in so doing.

If, after receiving replies to any such queries or taking such advice, you consider that we have made a mistake of law or in the manner in which we have dealt with your appeal, you should take legal advice about the possibility of asking the High Court to conduct a Judicial Review of our decision. You should do this as soon as possible (since strict time limits are applied to such applications). The High Court will not, however, generally review the merits of the appeal as opposed to the process by which it was conducted.

Yours sincerely,

GRO-C

Mark Mildred
Chair of Appeal Panel

RECEIVED 08 MAY 2012

GRO-A

CO WEXFORD

30TH APRIL 2012

DEAR NICHOLAS,

ENCLOSED ARE COPIES FROM MY
MOTHERS DIARY/BLACKBOOK WITNESSED BY MY
SOLICITOR ANDREW TARRANT AS REQUESTED, I
HAVE ADDED ANOTHER EXAMPLE OF RANDOM
ENTRIES INTO HER BOOK, I HAVE NOTICED
A MISTAKE ON MY STATEMENT SENT TO YOU
ON 18TH APRIL 2012 ON THE SECOND LINE,
IT SHOULD BE 1969 AND NOT 1960.

YOURS FAITHFULLY

GRO-C

GRO-A

TARRANT & TARRANT

SOLICITORS

Cyril D. Tarrant
David A. Tarrant, B.C.L.
Andrew Tarrant, B.A. L.L.B.
Martine E. Kerr, B.C.L.
Audrey Egan

LAW CHAMBERS
ARKLOW, CO. WICKLOW,
IRELAND.

Telephone: (0402) 32424
32425
32602
Facsimile: (0402) 39365
DX 11 005 Arklow
V.A.T. No. IE 12929750

Our Ref: A-891

Your Ref: WH/FK/AMK

Date: 30th April 2012

Mr. Nicholas Fish,
Skipton Fund,
PO Box 50107,
London SW1H 0YF

RE: SKIPTON FUND APPEAL (7725)

OUR CLIENT:

GRO-A

Dear Sir,

Your letter of the 24th inst., addressed to Mr. **GRO-A** refers.

Enclosed herewith please find certified copies of two entries written into a diary dated 1966 which was the personal diary / "Black book" of his late mother.

This writer has perused the original of this book and can confirm that the entries span over a decade after 1966, despite being intended as an annual diary for that year. There are many references to dates various family members died or became ill or travelled abroad and it certainly was used for many, many years after 1966.

We trust this clarifies the matter, but if there is anything further you require in this regard, please do not hesitate to contact us.

Yours truly,

GRO-C: Tarrant & Tarrant

(1968)
December 1968

THURSDAY
22

GRO-A

got jaundice
 5 weeks

1968

Had X-rays August 1970.

Patrick's Durr's
 Hospital

FRIDAY
23

GRO-A

started music

14th April 1970.

SATURDAY
24

GRO-A

got polio injection

November 28th 1970.

Booster dose.

SUNDAY
25

Christmas Day

NOVEMBER							DECEMBER							JANUARY 1967						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
-	-	1	2	3	4	5	-	-	-	-	1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30	-	-	-	25	26	27	28	29	30	31	29	30	31	-	-	-	-

WE HEREBY CERTIFY THE
 WITHIN HAS BEEN COMPARED WITH
 AND IS A TRUE COPY OF THE ORIGINAL

DATED 30th DAY OF April 2012

GRO-C

TARRANT & TARRANT
 SOLICITORS

TARRANT & TARRANT
 SOLICITORS
 LAW CHAMBERS
 ARKLOW
 CO. WICKLOW

WE HEREBY CERTIFY THE
WITHIN HAS BEEN COMPARED WITH
AND IS A TRUE COPY OF THE ORIGINAL

DATED 30th DAY OF April 2012

GRO-C

TARRANT & TARRANT
SOLICITORS

TARRANT & TARRANT
SOLICITORS
LAW CHAMBERS
ARKLOW
CO. WICKLOW

Notes

GRO-A

got boots Sat, 9th Nov, 68

GRO-A

shoes Nov, 68.

(badaghar)

281103

was ^{me} Kenna.

GRO-A

started music

14th May 1970.) left January 1974

GRO-A

(Jnr) had x rays

Wed, 12th August 1970.
Infection in the nose.

GRO-A

left for America

3rd August 1971

Bought green carpets for \$4.
Bought 2 red carpets for \$3-10-8.
January 1972

Conscience : an inner voice that warns us somebody is
looking. H. L. Mencken

Notes

Dressmaker Mrs. Garty

Phone 00300

1460 X Rayed Thursday 23rd May 1968.

Toilets out July 1968 -

GRO-A

went to dentist Friday April 14
" Friday April 21
" Friday April 28
" Friday May 5 1972

Joined Scouts

16th Oct., 1968

Left 1971
68-8 started (Saturday 29th Sept. 1971)

GRO-A

Joined Scouts

April 1972

A friendship founded on business is a good deal better than a business founded on friendship.
John D. Rockefeller

January 1966

40 Inniscarra Road
Fairfield,
Co. Wick.

MONDAY

3

GRO-A

went to Hospital
for X-rays. (throat & breast)

TUESDAY

4

Sept. (10th) Wednesday 1969

Ann Hyffernan, 962187.

GRO-A

WEDNESDAY

eyes tested

9th October 1968.

Got new glasses. Delivered 29th 1968.

Started = also December 16th 1971

JANUARY 1968							FEBRUARY 1968						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28

RECEIVED 30 APR 2012

GRO-A

CO WEXFORD

IRELAND

18 APRIL 2012

TO WHOM IT MAY CONCERN,

THIS IS MY STATEMENT AS TO WHAT
HAPPENED ON 6TH AUGUST 1960 AT WICKSTEED
PARK AND THEN IN KETTERING GENERAL
HOSPITAL, NORTHAMPTON.

THE FAMILY AND I WERE ON THE
FIRST WEEK OF OUR TWO WEEK HOLIDAY, WHILE
AT THE PARK I WAS STANDING ON THE TOP OF
THE SLIDE WAITING TO GO DOWN WHEN I FELL
TO ONE SIDE AND CAME FROM THE TOP OF THE
SLIDE TO THE BOTTOM AND LANDED ON MY
HEAD ON THE CONCRETE GROUND, MY FRONT
TEETH WERE PUSHED UP INTO MY HEAD AND
BROKE MY NOSE, MY FATHER PANICED AND WENT
AND GOT THE CAR, MY MOTHER STAYED WITH ME,
I REMEMBER MY TWO SISTERS CRYING AND MY
MOTHER ALSO PANICING, SHE HAD SOMETHING LIKE
A T-SHIRT TIED AROUND MY HEAD TRYING TO STOP
THE BLOOD, I REMEMBER LYING ON MY BACK FOR
A LONG TIME THERE, I KNOW I SPENT ONE NIGHT
AND POSSIBLE TWO AT THE HOSPITAL, I ALSO
KNOW I LOST A LOT OF BLOOD AND THEY GAVE
ME SOME TO TOP ME UP, WHEN I WAS DISCHARGED
WE ALL CUT THE HOLIDAYS SHORT AND WENT
HOME, I BELIEVE IT WAS THE FOLLOWING DAY,

WHEN I GOT HOME I ATTENDED MY LOCAL HOSPITAL, WHICH WAS BAGGOTT ST HOSP, THIS WAS FOR MY BROKEN NOSE, BAGGOTT ST HOSP IS NOW CLOSED DOWN AND HAS BEEN ANALGAMATED WITH TWO OTHER HOSPITALS AND MOVED TO THE OTHERSIDE OF THE CITY, THEY NO LONGER HOLD MY RECKORDS I HAVE SENT YOU EVIDENCE OF THIS. I DISTINTLY REMEMBER THE HOLLIDAYS BEEN CUT SHORT AND THE REASONS FOR IT BEEN TALKED ABOUT FOR A LONG TIME AFTER, I ALSO REMEMBER BEEN TOLD THAT I WOULD NEVER BE ABLE TO GIVE BLOOD BECAUSE OF THE JAUNDICE WHICH I CONTRACTED AROUND APRIL 1940. I ALSO REMEMBER BEEN ABSENT FROM SCHOOL FOR A LONG TIME AND MISSING MY IRISH SPEAKING SCHOOL WHERE I WAS SENT FOR SIX WEEKS EVERY YEAR WITH MY SISTER, THIS WAS DURING OUR NORMAL SCHOOL SUMMER HOLLIDAYS, I ALSO REMEMBER LOOSEING MY TWO FRONT TEET AT AROUND 14-18 YEARS OLD BECAUSE THEY WENT BLACK. I HAVE OBTAINED A SCHOOL ATTENDANCE REPORT FROM MY TIME AT GRO-A, IT SHOWS MY MISSING DAYS FROM THE 1969-1970 SCHOOL TERM. (ENCLOSED WITH THIS STATMENT).

I DO HAVE A VIDEO OF OUR TIME AT WICKSTEED PARK AT THE POOL BEFORE WE WENT TO THE PLAY GROUND WHERE THE ACCIDENT HAPPENED. MY MOTHER ALSO KEPT A DIARY OF ALL OUR ILLNESSES MY JAUNDICE IS RECORDED IN THIS, THE DIARY IS NOT IN GREAT SHAPE, THE DATES AND ENTRIES ARE SCATTERED ALL OVER THE BOOK IN NO ORDER WHAT-SO EVER BUT I CAN BRING BOTH THE

(NEXT)

DIARY AND VIDEO OVER TO YOU IF REQUIRED, AT THE MOMENT I AM WAITING FOR THE LUNG DOCTOR TO GIVE ME THE ALL CLEAR BEFORE THE LIVER DOCTOR WILL START ME ON INTERFERON.

YOURS FAITHFULLY

GRO-A

GRO-C

N.B.

APART FROM KETTERING GENERAL MY FIRST TIME TO BE ADMITTED TO HOSPITAL WAS OCTOBER 2009 INTO ST VINCENTS HOSPITAL, DUBLIN WITH PNEUMONIA. WHEN I WAS DIAGNOSED WITH HEP C. I DO NOT HAVE TATTOOS AND HAVE NEVER GOT INVOLVED WITH DRUGS. UNFORTUNATELY BOTH MY PARENTS WHO WERE WITH ME AT THE TIME OF THE ACCIDENT ARE BOTH DEAD.

N.B.

THE ~~REFERENCE~~ STATEMENT FROM UNCLE

GRO-A

 DOES NOT HAVE A CONTACT NUMBER IF YOU NEED TO CONTACT HIM HIS PHONE NUMBER IS

GRO-A

GRO-A

GRO-A

E-mail: mbrew@

GRO-C

28th March 2012.

To whom it may concern.

This is to state that

GRO-A

D.O.B. GRO-A 1959

GRO-A

was a pupil in the above school from 1967 – 1973.

According to our records, his attendance during those years was as follows:

(out of approx. 180-190 days per year).

1st 1967 183 days

2nd 1968 186 days

* 3rd 1969 161 days *

PERIOD 1969 -1970 .

4th 1970 186 days

5th 1971 184 days

6th 1972 176 days

Yours sincerely,

GRO-C

Maeve Brew (Principal.)

GRO-A

Mr GRO-A

GRO-A

Co. Wexford
Rep. of Ireland

24th April 2012

Dear Mr GRO-A

Re: Skipton Fund Appeal (7725)

I am writing further to the letter you received dated 16 April 2012.

Before your appeal is considered by the full Panel on 31 May, the Chairman has asked that I make the following request to you:

Please ask Mr GRO-A to send a photocopy of the 1970 diary entry which he referred to in a letter dated 28 March 2012. The photocopy would need to be certified by a local solicitor.

Please aim to have this, and any further written evidence you may wish to submit, to arrive with the Skipton Fund by Thursday 17 May to ensure that the panel have sufficient time to fully consider your case. However, we will be able to accept information up until Friday 25 May. Further information should be emailed or sent to Skipton Fund Appeals at the above address.

You will be written to within 5 working days of the meeting date and informed of the outcome of your appeal; if further information is needed to enable the panel members to reach a decision then a request will be sent instead.

Yours sincerely

Nicholas Fish
Scheme Administrator

Mr GRO-A
GRO-A

Co. Wexford
Rep. of Ireland

16th April 2012

Dear Mr GRO-A

Re: Skipton Fund (7725)

Please accept this letter as confirmation that you wish to lodge an appeal against the fund in respect to your application.

As you do not accept our decision on the outcome of your application, your case will be referred to the Independent Appeal Panel, which is chaired by an experienced lawyer and consists of a haematologist, a hepatologist, a general practitioner and a lay person. The Appeal Panel was established by the Department of Health and has been considering cases since 3rd October 2006.

Cases are dealt with in writing and it is not an option for applicants to attend the meetings in person. The cases are reviewed in the order that the appeal request was received. Copies of all the information we hold on file regarding each case will be distributed to the panel for their consideration in advance and then a decision will be reached at the next meeting. If any further information is needed the panel will arrange for a written request to be sent to the relevant person.

The date of the next meeting of the Appeal Panel has been set for Thursday **31st May 2012**. Please aim to have any further written evidence you would like to submit to arrive at the Skipton Fund by Thursday 17th May to ensure that the panel have sufficient time to fully consider your case. However, we will be able to accept information up until Friday 25th May. Further information should be sent to **Skipton Fund Appeals** at the above address. You will be written to within 5 working days of the meeting date and informed of the outcome of your appeal; if further information is needed to enable the panel members to reach a decision then a request will be sent instead.

Finally, please find enclosed a copy of the latest press release relating to the appointment of the Appeal Panel members as well as a copy of their guidelines to help you to provide the information they require in order to fully consider your case.

Yours sincerely

Nicholas Fish
Scheme Administrator

GRO-A

CO WEXFORD

28 MARCH 2012

TO WHOM IT MAY CONCERN,

I WISH TO APPEAL YOUR
DECISION RE: SKIPTON FUND APPLICATION
RETURNED TO ME ON MAY 3RD 2011.

I HAVE SINCE GATHERED SOME MORE
INFORMATION INCLUDING WITNESS STATEMENTS,
EVERYTHING IS ENCLOSED. I TRAVELLED TO
KETTERING GENERAL HOSPITAL IN JANUARY
IN THE HOPE OF "BEING THERE IN PERSON"
I MIGHT BE ABLE TO LOCATE SOME OF MY
RECORDS, I DID SPEAK TO A DOCTOR IN THE
PATHOLOGY DEPARTMENT, THEY REPLIED TO
ME ON FEBRUARY 8TH THE LETTER IS
ENCLOSED.

YOURS FAITHFULLY

GRO-A

GRO-C

N.B.

MY MOTHER KEPT A DIARY DATED 1966 OF ALL
OUR ILLNESSES AND OTHER INFORMATION, THERE IS
AN ENTRY ON A PAGE DATED 1970 OF ME BEING
SICK WITH JAUNDICE, THE SAME DIARY WAS USED UP
UNTIL 1975, BECAUSE OF ITS SENTIMENTAL VALUE
I WOULD NOT LIKE TO POST IT BUT WILL BRING IT
OVER TO YOU IF NEEDED BE.

GRO-A

Phone:

GRO-A

Ireland

To whom it may concern.

Back in 1969, we spent our family holiday at my uncle's house in

GRO-A

Midway through the week, we went to Wicksted Park in Kettering, where my brother, GRO-A, had an accident. He fell from the top of a slide and landed head-first.

He was taken immediately to Kettering General Hospital by our father in the car. He lay on the back seat while my mother tried to contain the flow of blood coming from his nose and mouth. I sat on the front seat.

I always remember the back seat of the car being destroyed, as the seats were made of cloth and my father was very "car-proud".

My uncle, [GRO-A], had taken our younger sister and brothers back to his house while we went to the hospital.

He was admitted to the hospital where he was given blood, to replace what he had lost after his fall.

- Our holiday was cut short as his front teeth had been shoved back into his gums and his nose was broken.

Some months later in early 1970, [GRO-A] had a very bad dose of jaundice, which my mother noted in her little book in which she recorded all our family's illnesses.

- I hope this information is of use to you. If you require any further information please do not hesitate to contact me.

[GRO-A]

This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.

I (insert full name).....

Certify that the applicant (insert name).....

Has been known to me personally as for years
(Insert in what capacity e.g. employee, client, patient, relative etc)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed Date

Name Profession

Address

Daytime Telephone Number

ADDITIONAL NOTES

Before returning this form please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a counter signature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned therefore please ensure you have the correct documentation before returning the form.



Chairman: Steve Hone
Chief Executive: Derek Brayll

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

SECTION 4: PROOF OF IDENTITY

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which Identity is confirmed	Option taken	Documents attached
A	Attached Copies of Documents as noted in section 4A below	Yes / No	If Yes please indicate here which documents have been attached.
B	Counter Signature (Section 4B) This should only be completed in exceptional circumstances (e.g. in cases the above cannot be provided)	Yes/ No	Please indicate reason why this section was completed.

4A- Evidence

Evidence of the patients and /or the patients representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his / her own records	Two copies of identity required. e.g. copy of birth certificate, passport, driving licence, medical card, etc
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient.
D	Power of Attorney / Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney / agent plus proof of the patient's identity (see examples in 'A' above)

4B – Counter Signature



Chairman: Steve Hone
Chief Executive: Derek Brayll

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

This form must be completed in blue or black ink and signed in order for us to process your request.

SECTION 1: PATIENT'S DETAILS

Surname	GRO-A	Maiden Name	
Forename		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of Birth	GRO-A	1959	GRO-A
Telephone No.	GRO-A	Postcode:	
NHS Number (if known)		Hospital Number (if known)	

SECTION 2: RECORD REQUESTED

The more specific you can be, the easier it is to quickly provide you with the records requested. Record in respect of treatment for: (e.g. Leg injury following a car accident)

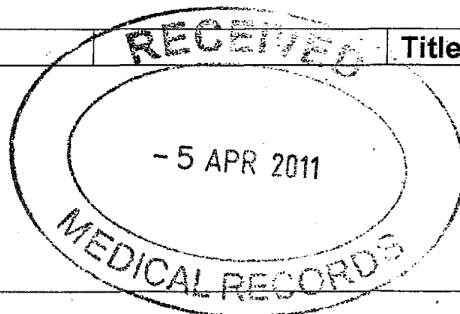
ACCIDENT AT WICKSTEED PARK

State condition / illness	BROKEN NOSE / TEETH / BLOOD LOSS	
Consultant (if known)	A x E.	
Dates of Treatment: (e.g. 12/12/07 to 24/01/08)	1-3-68 to 1-10-69 APPROX	
Please define the type of information you are requesting	Paper Records	✓
	X Rays	
	Computer Records	
	Other	
	To view	

SECTION 3: DETAILS AND DECLARATION OF APPLICANT

Please enter details of applicant if different from Section 1

Surname	RECEIVED	Title	
---------	----------	-------	--



Chairman: Steve Hone
Chief Executive: Derek Brayll

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

SECTION 4: PROOF OF IDENTITY

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which Identity is confirmed	Option taken	Documents attached
A	Attached Copies of Documents as noted in section 4A below	Yes / No	If Yes please indicate here which documents have been attached. PASSPORT DRIVING LICENCE
B	Counter Signature (Section 4B) This should only be completed in exceptional circumstances (e.g. in cases the above cannot be provided)	Yes/ No	Please indicate reason why this section was completed.

4A- Evidence

Evidence of the patients and /or the patients representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his / her own records	Two copies of identity required. e.g. copy of birth certificate, passport, driving licence, medical card, etc
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient.
D	Power of Attorney / Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney / agent plus proof of the patient's identity (see examples in 'A' above)

4B – Counter Signature



Chairman: Steve Hone
Chief Executive: Derek Brayll

		(Mr, Mrs, Ms, Dr)	MR.
Forename(s)	GRO-A	Address	GRO-A
Telephone Number	GRO-A	Post Code	

Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 1998.

Please tick:

- ☒ I am the patient
- ☐ I have been asked to act by the patient and attach the patient's written authorisation
- ☐ I have full parental responsibility for the patient and the patient is under the Age of 18 and:
(a) has consented to my making this request, or
(b) is incapable of understanding the request (delete as appropriate)
- ☐ I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- ☐ I am acting in loco parentis and the patient is incapable of understanding the request
- ☐ I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- ☐ I have written and witnessed consent from the deceased person's Personal Representative and attach Proof of Appointment
- ☐ I have a claim arising from the person's death on the grounds that (state reasons be next page):

--	--

Signature of applicant:

GRO-C

Date: 30-3-2011



Chairman: Steve Hone
Chief Executive: Derek Brayll

This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.

I (insert full name).....

DR Terence A Lyons

Certify that the applicant (insert name).....

GRO-A

Has been known to me personally as PATIENT for 3 years
(Insert in what capacity e.g. employee, client, patient, relative etc)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed

GRO-C

Date

30/3/11

Name

DR Terence A Lyons

Profession

MEDICAL DOCTOR

Address

COOLGREANY SURGERY, COOLGREANY

GOREY, CO. WEXFORD, IRELAND

Daytime Telephone Number

DR. TERENCE A. LYONS
COOLGREANEY SURGERY
MCN - 11775
GMS - 71992
TEL - 0402 - 37954
FAX - 0402 - 21974

ADDITIONAL NOTES

Before returning this form please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a counter signature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned therefore please ensure you have the correct documentation before returning the form.



Chairman: Steve Hone
Chief Executive: Derek Brayll



UCD National Virus Reference Laboratory
University College Dublin
Belfield, Dublin 4, Ireland

T +353 1 716 4401
F +353 1 269 7611
nvrl@ucd.ie
www.nvrl.ie

Results +353 1 716 1323, ..

Accredited Medical Laboratory
Reference No: 2114

NVRL Lab No: 09M84225

Forename:

Surname:

DOB:

Report To:

GRO-A

GRO-A

1959

Sex: M

Clinician: Pathologist

St Vincent's University Hospital

Elm Park, Dublin 4.

St. Joseph's Ward

Hosp No: 606399

Ward: JOS

Lab No: ME094051X

Specimen Type: SERUM

TESTS

RESULTS

Hepatitis C Viral Load (IU/mL)
Hepatitis C Genotype

20403466
Type : 1a

IU/mL

Report Comment ...

This is the first sample received from this
patient for Hepatitis C RNA (viral load) testing.

Page 1 of 1

Specimen Date: 26/11/09

Specimen Received: 26/11/09

Report Printed: 08/12/09

Authorised by: DR CILLIAN DE GASCUN

09M84225

Laboratory Director: William W. Hall PhD MD.

Skipton Fund

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: apply@skiptonfund.org www.skiptonfund.org

GRO-A

7725

Co. Wexford
Republic of Ireland

Date as postmark.

Ex Gratia Payment Scheme

This letter acts as our official confirmation that we have now received your completed application form back from your clinician.

The fund aims to complete the processing of each fully completed application within 40 days of receipt at the fund. If your application is successful, funds will be sent direct to your designated bank account, the details of which you provided to us on the initial registration form. A separate remittance advice will then be sent by post confirming that payment has been made.

For applications that do not fit the scheme guidelines, we will contact applicants individually to advise them of the position and how they may appeal against the decision.

To help the fund complete this task and to enable the speedy processing of all claims it would be appreciated if applicants would refrain from contacting the fund during this initial processing period.

Thank you

GRO-C

Nicholas Fish
Administrator

Skipton Fund

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: apply@skiptonfund.org www.skiptonfund.org

Mr GRO-A

GRO-A

Co. Wexford
Rep. of Ireland

3rd May 2011

Dear Mr GRO-A

Re: Skipton Fund Application (Ref. 7725)

We have again received your completed Skipton Fund application form together with covering letters and it is with regret that I must advise you your application has been declined. This is due to the lack of supporting medical records to confirm that you received treatment with NHS blood or blood products prior to September 1991 and that this was therefore the likely source of your infection with the hepatitis C virus.

Of course, if you do get further information in respect to your claim, please return the form back to us along with the supporting documentation. Please note any amendments to the form will need to be signed and stamped by the completing doctor.

Finally, if you wish to appeal against the outcome of your application you will have the chance for your case to be heard by the independent appeal panel which is chaired by an experienced lawyer and consists of a haematologist, a hepatologist, a GP and a lay person. I enclose a copy of the appeal panel's guidance notes to help you decide.

If you do wish to appeal you will need to return your form and advise the fund formally in writing.

Yours sincerely

GRO-C

Nicholas Fish
Scheme Administrator

Copy of original date 16/1/2012

23rd September, 69.

Mrs. GRO-A,

GRO-A

Dear Mrs. GRO-A,

Having discussed the problem of Master GRO-A teeth with Mr. Flood, I have come to the following conclusions. -

- (1) He will need to have his teeth straightened at some later stage, maybe in two years time.
- (2) He will ultimately require two crowns, even if the badly dislocated tooth is extracted.
- (3) Consequently it would be worth trying to remove the nerves from his upper central two teeth and do root fillings with a view to preserving both roots, for crowning in years to come. There is the possibility that root treatment of the upper right tooth might not be successful and in this case, it would have to be extracted.

I would be grateful if you would contact me to discuss the matter further, including the fees involved and to make the final decision re further treatment.

Yours sincerely,

Emer Morgan
BA. B.Dent. Sc.

Paul McEvoy
BA. B.Dent. Sc.
17 Upper Fitzwilliam St.
Dublin 2

Patrick Rooney
BA. B.Dent. Sc.

GRO-C
email: pauldentist@ GRO-C

23 January 2012

Transcript of [GRO-A]'s Chart (Photocopy to be sent to Mr [GRO-A])
as discussed with Dr Noel McEvoy

Seen on 19/08/69

Re: fracture of Upper 1.1 – upper central incisors

✓ Seen in UK on 6/08/69
Only xray, no treatment. Upper 1.1 xrayed.

13/09/69 to See N. Flood & discuss treatment plan.

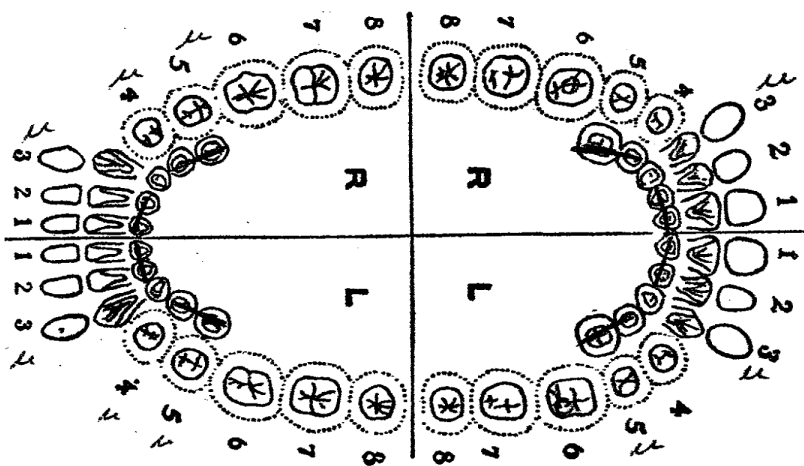
Tx as discussed with Mr Flood of Upper 1.1 and to hold them for the present.

Later on Orthodontic work 23/09/69

Letter sent to Mrs [GRO-A] re: [GRO-A]. See Copy.

Dr Paul McEvoy

No. GRO-A 1211 GRO-A 1 GRO-A
Modern GRO-A Half Day 1/10/69
GRO-A Mem. No. Working at:-
GRO-A Tel. No. GRO-A



DATE			FEE CHARGED		CASH RECEIVED	
19	8	69	9am - 11/1/69			
			5/8/69 Sec - England			
			6/8/69. only dropped on 11/1/69			
			11/1/69			
13	9	69	Re Sec Mr N. Flood			
			+ persons to meet plan			
			Faint plan or document with			
			at 7/11/69. Re sent 11/1/69			
			+ held for the point later			
			on the other work item.			
23	9	69	Letter sent to Mrs. GRO-A			
			Re GRO-A See copy.			
31	10	69	d/c sent.		15	15
31	10	69	d/c sent.			
29	11	69	a/c sent.			
1	12	69	a/c P. CARRIED FORWARD			

St. Vincent's University Hospital

LIVER UNIT
TEL: 01 221 4713 FAX 01 221 3960

26

Mr.

GRO-A

ORIORDAND/606399

Dict: 13/07/2011

Typed: 26/07/2011

GRO-A

County Wexford

LIVER / GASTRO – 13/07/2011

Re: **GRO-A**, County Wexford.
D.O.B. **GRO-A** 1959

To whom it may concern

Mr. **GRO-A** is a patient under the care of Professor Hegarty. He has Chronic Hepatitis C Genotype 1a. He recently underwent a staging liver biopsy which shows 4/6 fibrosis.

Yours sincerely,

GRO-C

Dr. Ross MacNicholas
Locum Consultant Hepatologist



St. Vincent's University Hospital
is JCI Accredited 2010 - 2013

St. Vincent's Healthcare

GROUP CHIEF EXECUTIVE: Mr. Nicholas C. Jermyn

BOARD OF DIRECTORS: **Chairman:** Prof. Noel Whelan, Sr. Mary Benton, Ms Louise English, Mr. Stewart Harrington, Mr. Nicholas C. Jermyn, Prof. Michael Keane, Ms. Gemma McCrohan, Mr. Michael Meagher, Prof. Diarmuid O'Donoghue, Prof. Bill Powderly, Mr. William R Quinlan, Sr. Agnes Reynolds, Dr. Michael Somers.

Registered in Dublin, Ireland. Company Registration No: 338585 Registered Office: Elm Park, Dublin 4.

SKIP0000027_006_0036

St. Vincent's University Hospital

LIVER UNIT
TEL: 01 221 4713 FAX 01 221 3960

26

Appeals Officer
Social Welfare Appeals Office
D'olier House
D'olier Street
Dublin 2

ORIORDAND/606399

Dict: 02/03/2011

Typed: 02/03/2011

COPY

LIVER / GASTRO - 02/03/2011

Re: GRO-A County Wexford.
D.O.B. GRO-A 1959

Dear Sir/Madam,

The above patient attends me with chronic Hepatitis C virus infection and abnormal liver function tests which he developed following a blood transfusion. I can confirm that he has significant symptoms in relation to Hepatitis C viremia which would impact in a significant way on his ability to pursue his normal occupation. I further understand that he is attending both Mr. Dudeney at St. Vincent's University Hospital (Consultant Orthopaedic Surgeon) and Professor Charles Gallagher (Consultant Respiratory Physician) with ongoing symptoms referable to chronic orthopaedic and respiratory problems. It would be my opinion that he is not capable of returning to work at this time.

Yours sincerely,

Professor John Hegarty MD FRCPI FRCP
Consultant Hepatologist

✓ c.c. Dr. T.A. Lyons, Coolgreany, Gorey, Co. Wexford



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is a JCI Accredited 2010 - 2011

St. Vincent's Healthcare

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Registered in Dublin, Ireland. Company Registration No: 518545 Registered Office: Elm Park, Dublin 4.

Dr. Terence A. Lyons
Coolgreany Surgery

Birch Lodge
Newtown Lower
Coolgreany, Gorey,
Co. Wexford

Tel. **GRO-C**
Fax

Dr. Terence A. Lyons MCN - 11775
B.Sc (Hons), M.B. BCH BAO (NUI), LRCPI&SI, Dip. RACOG, DTM, FRACGP, FACRRM MICGP

Mr **GRO-A**

DOR - **GRO-A** 59

GRO-A

Co. Wexford

18/2/11

To Whom it Does Concern,

I wish to support Mr **GRO-A** applicant
for appeal of disability. As his G.P. I am firmly
of the opinion that he is not medically fit for work and
it is unsafe for him to do so. He is attending 3
specialist units in St Vincent's University Hospital
and they are all of the opinion that until his health issues
are resolved that he is not fit for work.

- 1) Orthopaedic Team - Mr Dudeney - undergoing
testing for dissection - there is debate about the results
of bone biopsy and surgery.
 - 2) Refractive - Dr Gallagher - resolving issues associated
with a severe refractive error.
 - 3) Liver Unit - Profiteer - has fibrosis - Hep C +ve
(? after blood transfusion) - considering biopsy
and treatment.
- I feel that his case should be reconsidered.

With Compliments

We no longer hold your records for this period. The GP you had in the UK may be able to help.

- ☐ Copies as requested
- ☒ For your information
- ☐ For your comments please
- ☐ For your action

Medical Records Data Protection Office
Unit 3, Kings Court, Kettering Venture Park
Kettering, Northants, NN15 6WJ
Direct dial 01536 492412/491526
Direct fax 01536 485431



Rothwell Road, Kettering, Northants, NN16 8UZ Tel: 01536 492000 www.kgh.nhs.uk

8th February 2012

Dr Kennedy
Gorey Family Practice
Doctors' Surgery & Medical Centre
Gorey shopping Centre
Gorey
Co. Wexford

Dear Dr Kennedy

Ref: Mr [GRO-A] d.o.b [GRO-A] 1959

This patient has contacted our Blood Transfusion Department with a request for information in connection with an accident he had some time ago. He apparently underwent a blood transfusion at the time, and the address he was staying at when the accident occurred was:

[GRO-A] home address: [GRO-A]

Unfortunately, we are unable to supply the information he requires, as UK records are kept for thirty years, and the accident took place on 19th August 1969. The Blood Transfusion Department will contact Mr [GRO-A] directly and inform him of this, and forward a copy of this letter to Mr [GRO-A] also.

If you require any further information, please do not hesitate to contact us.

Yours sincerely

[GRO-C]

Mike Silverstone
Haematology Department Manager

c.c. Mr [GRO-A]



Chairman: Steve Hone
Chief Executive: Lorene Read

Dr. Patricia Comer

*44, Haddington Road,
Ballsbridge,
Dublin 4.
Phone: 668 8504*

23rd March 2012.

F.A.O. Skipton Fund.

Re : [GRO-A] Co Wexford.
D.O.B. [GRO-A] 1959

The above gentleman attended my surgery about six months ago and again today.

He visited me for the purpose of finding the records of when my late husband Dr Cyril Comer visited him in April 1970 and on several occasions during the following two months when [GRO-A] suffered from a lengthy form of "Jaundice"
[GRO-A] has perfect recall of these visits and that his condition rendered him unable to attend school for a period of three months.

Unfortunately all records of my husband's practice were destroyed twenty years following his death in June 1974.

[GRO-A] tells me that he was admitted to St Vincent's University Hospital Dublin in November 2009 with severe pneumonia and was diagnosed as having Hepatitis C. He was seriously ill at this time and has been unfit for work ever since.

Conclusions : It is my opinion that [GRO-A] is an extremely credible character that has now found himself in the unfortunate position where no records of his Jaundice can be unearthed but I can recall that my late husband Dr Cyril Comer was the family doctor to the [GRO-A] home at [GRO-A]

[GRO-A]

I myself am still practicing as a General Practitioner at the same address as my late husband.

Yours sincerely

[GRO-C]

Patricia Comer Bch B.A.O.

I am [GRO-A] and i live presently
in [GRO-A], and i am a
witness to the events during the late 1960's to
which i believe was 1969. When my Nephew
[GRO-A], was injured while he was playing
on a slide at Wicksteed Park Kettering
Northants, while visiting my family, on holiday
from Ireland.

After sustaining an injury to his mouth, his
father, my Brother-in-law also named [GRO-A]
[GRO-A], took him straight away to Kettering
General Hospital, where he was treated for his
injury.

I believe that the facts stated in this witness
statement are true and recollected as best my
memory of the events.

Signed [GRO-A]

Dated. 6-3-2021

[GRO-C]

Mr GRO-A

GRO-A

Co. Wexford
Rep. of Ireland

3rd May 2011

Dear Mr GRO-A

Re: Skipton Fund Application (Ref. 7725)

We have again received your completed Skipton Fund application form together with covering letters and it is with regret that I must advise you your application has been declined. This is due to the lack of supporting medical records to confirm that you received treatment with NHS blood or blood products prior to September 1991 and that this was therefore the likely source of your infection with the hepatitis C virus.

Of course, if you do get further information in respect to your claim, please return the form back to us along with the supporting documentation. Please note any amendments to the form will need to be signed and stamped by the completing doctor.

Finally, if you wish to appeal against the outcome of your application you will have the chance for your case to be heard by the independent appeal panel which is chaired by an experienced lawyer and consists of a haematologist, a hepatologist, a GP and a lay person. I enclose a copy of the appeal panel's guidance notes to help you decide.

If you do wish to appeal you will need to return your form and advise the fund formally in writing.

Yours sincerely

Nicholas Fish
Scheme Administrator

Mr. GRO-A
GRO-A
Co. Wexford
Rep. Of Ireland

23rd March 2011

Dear Mr. GRO-A

Re: Skipton Fund Application (7725)

I am writing with regards to the application you made to the Skipton Fund for an ex gratia payment.

The doctor completing your form has supplied medical records to confirm that you are hepatitis C PCR positive but was unable to provide any to show that you underwent treatment with NHS blood or blood products prior to September 1991.

I am therefore writing to request that you contact Kettering General Hospital by e-mail, telephone or in writing to ascertain whether or not they hold records relating to your admission there in 1969/70 and, more specifically, any which mention the need for treatment with blood or blood products. If there are records held at the hospital then please return your application form along with a copy of the relevant section of the notes which show that you were treated with blood or blood products. If there are not then please ask that the hospital confirm this to you in writing and return your form with a copy of their response instead.

The Skipton Fund can only process information that is provided by the medical practitioners completing the forms, we cannot request medical records and in the circumstances the only course of action open to me is to return your form to you.

I am enclosing a fresh set of guidelines together with a pre paid envelope for you to return the form to us along with the other information requested.

Yours sincerely

Nicholas Fish
Scheme Administrator

8-3-2011

TO WHOM IT MAY CONCERN,
MY HOSPITAL ST VINCENTS
DUBLIN 4 DO NOT HAVE ENOUGH INFORMATION
TO COMPLETE THE FORM PROPERLY AS I HAVE
BEEN INFECTED IN THE U.K., MY G.P. IS
IN THE SAME POSITION, CAN YOU ADVISE ME
ON WHAT TO DO NEXT, DO I NEED TO GO
TO NORTHAMPTON AND VISIT THE HOSPITAL
IN QUESTION AND TRY TO RETREIVE MY
RECORDS?, LOOK FORWARD TO HEARING FROM YOU.

YOURS FAITHFULLY

GRO-A

With Compliments

GRO-A

Please see attached copy of Hepatitis C result.
Professor Heparty is unable to fill in the form in relation to
infection that may have occurred in the UK.

Kind Regards
Jordie



St. Vincent's HealthCare

St. Vincent's University Hospital

Elm Park, Dublin 4, Tel: +353 1 221 4000 Fax: +353 1 221 4001 Web: www.st-vincent's.ie



UCD National Virus Reference Laboratory
University College Dublin
Belfield, Dublin 4, Ireland

T +353 1 716 4401
F +353 1 269 7611
nvr@ucd.ie
www.nvr.ie

Results +353 1 716 1323, ..

Accredited Medical Laboratory
Reference No: 2114

NVRL Lab No: 09M84225

Forename: **OG**

Surname: **AR**

DOB: **07/01/1959**

Sex: M

St Vincent's University Hospital

Elm Park, Dublin 4.

St. Joseph's Ward

Clinician: Pathologist

Hosp No: 606399

Ward: JOS

Lab No: ME094051X

TESTS

Hepatitis C Viral Load (IU/ml)
Hepatitis C Genotype

20403466

Type: 1a

IU/mL

Specimen Type: SERUM

Report Comment ...

This is the first sample received from this patient for Hepatitis C RNA (viral load) testing.

Page 1 of 1

Specimen Date: 26/11/09

Specimen Received: 26/11/09

Laboratory Director: William W. Hall PhD MD

Report Printed: 08/12/09 09M84225

Authorised by: DR CILLIAN DE GASCUN

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

This form must be completed in blue or black ink and signed in order for us to process your request.

SECTION 1: PATIENT'S DETAILS

Surname	GRO-A	Maiden Name	
Forename		Title (i.e. Mr, Mrs, Ms, Dr)	MR.
Date of Birth	GRO-A	1959	GRO-A
Telephone No.	GRO-A	Postcode:	
NHS Number (if known)		Hospital Number (if known)	

SECTION 2: RECORD REQUESTED

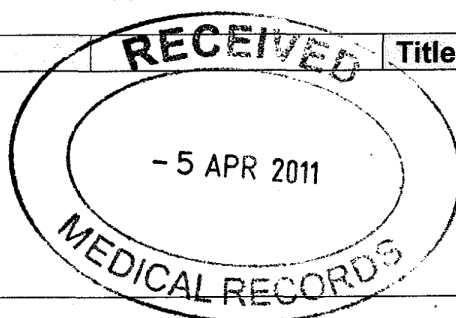
The more specific you can be, the easier it is to quickly provide you with the records requested. Record in respect of treatment for: (e.g. Leg injury following a car accident)

State condition / illness	ACCIDENT AT WICKSTEED PARK BROKEN NOSE/TEETH/BLOOD LOSS	
Consultant (if known)	A x E.	
Dates of Treatment: (e.g. 12/12/07 to 24/01/08)	1-3-68 to 1-10-69 APPROX	
Please define the type of information you are requesting	Paper Records	<input checked="" type="checkbox"/>
	X Rays	<input type="checkbox"/>
	Computer Records	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	To view	<input type="checkbox"/>

SECTION 3: DETAILS AND DECLARATION OF APPLICANT

Please enter details of applicant if different from Section 1

Surname		Title	
---------	--	-------	--



Chairman: Steve Hone
Chief Executive: Derek Brayll

		(Mr, Mrs, Ms, Dr)	MR.
Forename(s)		Address	
Telephone Number	GRO-A	Post Code	GRO-A

Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 1998.

Please tick:

- ☒ I am the patient
- ☐ I have been asked to act by the patient and attach the patient's written authorisation
- ☐ I have full parental responsibility for the patient and the patient is under the Age of 18 and:
(a) has consented to my making this request, or
(b) is incapable of understanding the request (delete as appropriate)
- ☐ I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- ☐ I am acting in loco parentis and the patient is incapable of understanding the request
- ☐ I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- ☐ I have written and witnessed consent from the deceased person's Personal Representative and attach Proof of Appointment
- ☐ I have a claim arising from the person's death on the grounds that (state reasons be next page):

Signature of applicant:	GRO-C
Date: 30-3-2011	



Chairman: Steve Hone
Chief Executive: Derek Brayll

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

SECTION 4: PROOF OF IDENTITY

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached Copies of Documents as noted in section 4A below	Yes / No	If Yes please indicate here which documents have been attached. PASSPORT DRIVING LICENCE
B	Counter Signature (Section 4B) This should only be completed in exceptional circumstances (e.g. in cases the above cannot be provided)	Yes/ No	Please indicate reason why this section was completed.

4A- Evidence

Evidence of the patients and /or the patients representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his / her own records	Two copies of identity required. e.g. copy of birth certificate, passport, driving licence, medical card, etc
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient.
D	Power of Attorney / Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney / agent plus proof of the patient's identity (see examples in 'A' above)

4B – Counter Signature



Chairman: Steve Hone
Chief Executive: Derek Brayll

This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.

I (insert full name).....

DR Terence A Lyons

GRO-A

Certify that the applicant (insert name).....

Has been known to me personally as PATIENT for 3 years
(Insert in what capacity e.g. employee, client, patient, relative etc)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signed

GRO-C

Date

30/3/11

Name

DR Terence A Lyons

Profession

MEDICAL DOCTOR

Address

COOLGREANEY SURGERY, COOLGREANEY

GOREY, CO. WEXFORD, IRELAND

Daytime Telephone Number

DR. TERENCE A. LYONS
COOLGREANEY SURGERY
MCN - 11775
GMS - 71992
TEL - 0402 - 37964
FAX - 0402 - 21974

ADDITIONAL NOTES

Before returning this form please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a counter signature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned therefore please ensure you have the correct documentation before returning the form.



Chairman: Steve Hone
Chief Executive: Derek Brayll

EXTRA INFORMATION:

REP OF IRELAND ADDRESS
AT TIME OF ACCIDENT:

GRO-A

NORTHAMPTON ADDRESS:

GRO-A

I DIDN'T HAVE A NATIONAL INS NO
AT THE TIME OF THE ACCIDENT, I DO NOW.
IT IS

GRO-A

The *Journal of Management Inquiry* publishes original research articles, critical reviews, and book reviews. The journal is the source of academic information on the management of organizations.

DOI: 10.1002/for

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Journal compilation © 2007 Blackwell Publishing Ltd

During the experimental treatment, the children got a high or medium amount of feedback from the parents. The children in the control group did not get any feedback from the parents.

[illegible]

Submitted: 10 November 2010; Accepted: 12 February 2011

Journal of Management Studies, 40(6), 798-814.

[illegible]

Journal of Management Education

..... Day 280-290

[illegible]

For more information, contact the publisher at 1-800-354-9700.

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GRO-C

GRO-A

GRO-A

GRO-A

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1959

M BAILE ATHA CLIATH/DUBLIN

16 JUN/AUG 04 16 JUN/AUG 2014

16 JUN/AUG 04

16 JUN/AUG 2014

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GRO-A

GRO-A

[illegible]

FORMHUNITHE
ENDORSEMENTS

BREIS EOLAIS
ADDITIONAL INFORMATION

Le lIonach de réir rogha an chaidunaí
to be completed by licensee if desired
tuilgnupa an chaidunaí
licensee's blood group
TOILU AN DEONTORA CIGAN
ORGAN DONOR CONSENT
deondir duen / kidney donor
deondir orgen / multi-organ donor
siné / signature

ÉIRE
IRELAND

CEADÚNAS TIOMANA
DRIVING LICENCE



Сендентеа за унаванент на МТИ
Permiso de Condución
Kuditsky pulkaz
Korekort
Führerschein
Juhiluba
Aðene Öbryrtis
Driving Licence
Permis de conduire
Ceadunas Tiomana
Patente di guida
Vaditza aplicatba

NA COMHPHOBAIL EORPACHA
Múnia
EUROPEAN COMMUNITIES
Model



Kettering General Hospital

NHS Foundation Trust

We no longer hold your records for this period. The GP you had in the UK may be able to help.

With Compliments

- ☐ Copies as requested
- ☒ For your information
- ☐ For your comments please
- ☐ For your action



Medical Records Data Protection Office
Unit 3, Kings Court, Kettering Venture Park
Kettering, Northants, NN15 6WJ
Direct dial 01536 492412/491526
Direct fax 01536 485431

Rothwell Road, Kettering, Northants, NN16 8UZ Tel: 01536 492000 www.kgh.nhs.uk

Skipton Fund

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: apply@skiptonfund.org www.skiptonfund.org

Mr GRO-A
GRO-A

Co. Wexford
Rep. Of Ireland

23rd March 2011

Dear Mr GRO-A

Re: Skipton Fund Application (7725)

I am writing with regards to the application you made to the Skipton Fund for an ex gratia payment.

The doctor completing your form has supplied medical records to confirm that you are hepatitis C PCR positive but was unable to provide any to show that you underwent treatment with NHS blood or blood products prior to September 1991.

I am therefore writing to request that you contact Kettering General Hospital by e-mail, telephone or in writing to ascertain whether or not they hold records relating to your admission there in 1969/70 and, more specifically, any which mention the need for treatment with blood or blood products. If there are records held at the hospital then please return your application form along with a copy of the relevant section of the notes which show that you were treated with blood or blood products. If there are not then please ask that the hospital confirm this to you in writing and return your form with a copy of their response instead.

The Skipton Fund can only process information that is provided by the medical practitioners completing the forms, we cannot request medical records and in the circumstances the only course of action open to me is to return your form to you.

I am enclosing a fresh set of guidelines together with a pre paid envelope for you to return the form to us along with the other information requested.

Yours sincerely

GRO-C

Nicholas Fish
Scheme Administrator

RECEIVED 14 JAN 2011

10.1.2011.

TO WHOM IT MAY CONCERN,

I RECEIVED BLOOD IN
KETERING GENERAL HOSPITAL NORTHAMPTON AFTER
AN ACCIDENT, WHILE ON HOLIDAYS IN AND
AROUND 1969-70, I HAVE RECENTLY BEING
DIAGNOSED WITH HEPATITIS C AT ST VINCENTS
HOSPITAL, DUBLIN.

YOURS FAITHFULLY

GR
O-A

Registration Form

www.skiptonfund.org e-mail:apply@skiptonfund.org Tel: 020 7808 1160

If you think you qualify for an ex gratia payment because you were infected with Hepatitis C as a result of National Health Service treatment with blood or blood products, please complete and return this form. A formal application form will then be sent to you as soon as possible. You may wish to call the Skipton Fund or refer to the guidance on the website (www.skiptonfund.org) if you are not sure about your eligibility for the scheme.

ANYBODY REGISTERED WITH THE MACFARLANE TRUST NEED NOT COMPLETE THIS FORM.

Please complete ALL sections of the form and send it to:

The Administrator,
The Skipton Fund,
PO Box 50107,
London SW1H 0YF

or e-mail to: apply@skiptonfund.org

Account Number:

For Office Use Only

RECEIVED 14 JAN 2011

Title Mr/Ms/Miss/Mrs* Delete where appropriate

Name

GRO-A

Address

GRO-A

CO WEXFORD.

REP OF IRELAND

Post Code

Daytime telephone number:

GRO-A

Is it acceptable for the Skipton Fund to call this number and leave a message? YES

NO

E-mail:

GRO-A

(if applicable)

National Insurance Number

GRO-A

RAI. NO

NHS Number

Date of birth:

GRO-A

59

If you are registered with a Haemophilia Centre, please complete as follows:

Name of Centre LIVER UNIT, ST VINCENTS HOSPITAL, DUBLIN

If you qualify, payment will be made direct to your Bank or Building Society account. If, for whatever reason, you do not qualify then these details will be disposed of.

Name of Bank/Building Society:

GRO-C

Name the account is held in:

GRO-A

Sort Code:

GRO-C

Account Number:

GRO-C

or

Building Society Roll No:

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

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's
GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's
GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's
GMC number

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

2 years 4 months

Name of GP (if relevant)

Surgery

Address

Post Code

Signature of GP

Surgery Stamp &

GMC number

DR. TERENCE A. LYONS
COOLGHERNEY SURGERY
WEXFORD
WEXFORD 808 1160
TEL 053 21 1775
FAX 053 21 1774

GRO-C

By signing this form I confirm that the information contained within parts 2 - 5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

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

Thank you very much for your help in completing this form

8

THE SKIPTON FUND

PO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

RECEIVED 14 MAR 2011

7725

Mr. A. O'GRO

A

Co. Wexford

Rep. of Ireland

14/01/11

GRO-A

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

TO THE APPLICANT

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

HOW TO COMPLETE THE FORM

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

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

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

Generally this medical professional should be the principal clinician treating you; this will probably be a clinician treating Hepatitis C, but in the case of applicants with bleeding disorders it might be a haematologist. If you cannot give this form to such a clinician to complete, you should take it to your General Practitioner, again with these guidance notes.

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

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

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

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

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

1

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

Please complete the following in block capitals:

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

Title (Mr/Ms/Mrs/other)	MR	Surname	GRO-A
First name	A O R	Middle name/s	
Address	GRO-A		Post Code

What is or was your relationship to this person?

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

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

Your personal information will only be used by the Skipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety (Northern Ireland) (together "the UK health administrations") to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (acting for and on behalf of the UK health administrations) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

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

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

*Delete as appropriate
YES/NO

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

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Skipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution fund.

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

Signature of Applicant	GRO-C	Date	24 01 2011
------------------------	-------	------	------------

FOR SCOTTISH APPLICANTS ONLY:

By signing this form I confirm that this claim meets the further criteria for claims emanating from Scotland as set out in section 2 of the Guidance Notes entitled "THE SKIPTON FUND - What it is and how it works".

TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER**NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.**

Thank you for your help with this application.

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

The purposes of this form are

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

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

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

In a few cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A, 2B, 4B and 5.

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

Skipton Fund Limited
Freepost NAT18555
London
SW1H 0BR

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

Has an HCV antibody test ever been positive?

YES/NO*

Is the applicant currently PCR positive?

YES/NO*

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment?

YES/NO*

If the applicant is PCR negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?
(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic Hepatitis C.)

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

YES/NO*

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

YES/NO*

YES/NO*

YES/NO*

Please provide details of which genotype the applicant is infected with

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

PART 2C - TO CONFIRM THAT A DECEASED PERSON WOULD HAVE BEEN ELIGIBLE FOR PAYMENT

Did the deceased person ever test positive for HCV antibodies?

YES/NO*

Was the deceased person PCR positive at the time of death?

YES/NO*

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

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment?

YES/NO*

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

*Delete as appropriate

4

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

i) Please confirm that the infected person has or is a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder)

YES/NO*

ii) Were any of the following used to treat the infected person before 1 September 1991? (please tick where appropriate)

Factor VIII concentrate ☐Factor IX concentrate ☐Cryoprecipitate ☐FEIBA ☐Plasma/FFP ☐Whole blood or components ☒ (components include platelets, red cells, neutrophils etc)Did treatment include repeated doses? ☒ NOOther coagulation factor concentrate ☐If so which? ☐

YES/NO*

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

KETERING GENERAL HOSPITAL
NORTHAMPTON

iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's Hepatitis C infection was caused through NHS treatment received before that date?

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

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

*Delete as appropriate

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

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

When? (date) ☐ ☐ ☐ ☐ ☐ ☐ BETWEEN 1969/70

Where? (in what NHS hospital or other facility) KETTERING GENERAL

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

RECEIVED BLOOD AFTER AN
ACCIDENT IN WICKSTEED PARK
KETTERING (A x E)
GENERAL

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

If YES, please specify and enclose a copy of the relevant records

I WOULD HOPE THERE ARE RECORDS ON FILE.

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

YES/NO*

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

(please tick where appropriate)

Intravenous immunoglobulin ☐

Albumin ☐

Bone marrow ☐

Plasma/FFP ☐

DEFIX ☐

Whole blood or components ☐

(components include platelets, red cells, neutrophils etc)

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

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

If YES, please specify

YES/NO*

*Delete as appropriate

PART 4B - OTHER POSSIBLE SOURCES OF INFECTION

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

YES/NO*

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

YES/NO*

LIVER UNIT
ST VINCENTS HOSPITAL
DUBLIN

Is there any other evidence that might affect the eligibility of the infected person for payment?

If YES, please specify?

YES/NO*

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

YES/NO*

*Delete as appropriate

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

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp
Clinician's
GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp
Clinician's
GMC number

By signing this form I confirm that the information contained within parts 2 - 5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

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

Thank you very much for your help in completing this form

8

THE SKIPTON FUND

PO Box 50107 London SW1H 0YF Telephone: 0207808 1160 Email: apply@skiptonfund.org www.skiptonfund.org

RECEIVED 14 MAR 2011

RECEIVED 18 APR 2011

1725



14/01/11



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

TO THE APPLICANT

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

HOW TO COMPLETE THE FORM

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1

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Please complete the following in block capitals:

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

Title (Mr/Ms/Mrs/other)	MR	Surname	GRO-A
First name	A O R G	Middle name/s	
Address	GRO-A		
	GR O-A	Post Code	

What is or was your relationship to this person?

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

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

Your personal information will only be used by the Skipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety (Northern Ireland) (together "the UK health administrations") to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (acting for and on behalf of the UK health administrations) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

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

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

*Delete as appropriate
YES/NO

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

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Skipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution fund.

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

Signature of Applicant	GRO-C	Date	24 01 2011
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FOR SCOTTISH APPLICANTS ONLY:

By signing this form I confirm that this claim meets the further criteria for claims emanating from Scotland as set out in section 2 of the Guidance Notes entitled "THE SKIPTON FUND - What it is and how it works".

TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER**NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.**

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

The purposes of this form are

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

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

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

In a few cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A, 2B, 4B and 5.

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

Skipton Fund Limited
Freepost NAT18555
London
SW1H 0BR

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

Has an HCV antibody test ever been positive?

YES/NO*

Is the applicant currently PCR positive?

YES/NO*

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment?

YES/NO*

If the applicant is PCR negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?

(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic Hepatitis C.)

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

YES/NO*

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

YES/NO*
YES/NO*
YES/NO*

Please provide details of which genotype the applicant is infected with

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

PART 2C - TO CONFIRM THAT A DECEASED PERSON WOULD HAVE BEEN ELIGIBLE FOR PAYMENT

Did the deceased person ever test positive for HCV antibodies?

YES/NO*

Was the deceased person PCR positive at the time of death?

YES/NO*

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

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment?

YES/NO*

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

*Delete as appropriate

4

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

i) Please confirm that the infected person has or is a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder)

YES/NO*

ii) Were any of the following used to treat the infected person before 1 September 1991?

(please tick where appropriate)

Factor VIII concentrate ☐Factor IX concentrate ☐Cryoprecipitate ☐FEIBA ☐Plasma/FFP ☐Whole blood or components ☒Did treatment include repeated doses? ☒Other coagulation factor concentrate ☐

If so which?

(components include platelets, red cells, neutrophils etc)

YES/NO*

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

KETERING GENERAL HOSPITAL
NORTHAMPTON

iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's Hepatitis C infection was caused through NHS treatment received before that date?

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

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

*Delete as appropriate

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

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

When? (date) 1 1 1 BETWEEN 1969/70
 Where? (in what NHS hospital or other facility) KETERING GENERAL
 How? (during surgical procedures, A&E treatment, etc) Please specify.

RECEIVED BLOOD AFTER AN
ACCIDENT IN WICKSTEED PARK
KETERING (A&E)
GENERAL

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

If YES, please specify and enclose a copy of the relevant records

I WOULD HOPE THERE ARE RECORDS ON FILE.

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

YES/NO*

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

(please tick where appropriate)

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

(components include platelets, red cells, neutrophils etc)

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

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

If YES, please specify

YES/NO*
 *Delete as appropriate

PART 4B - OTHER POSSIBLE SOURCES OF INFECTION

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

YES/NO*

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

YES/NO*

LIVER UNIT
ST VINCENTS HOSPITAL
DUBLIN

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

YES/NO*

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

YES/NO*

*Delete as appropriate

THE SKIPTON FUNDPO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

RECEIVED 14 MAR 2011

RECEIVED 18 APR 2011

Mr **GRO-A**

7725

GRO-ACo. Wexford
Rep. of Ireland**GRO-A**

14/01/11

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

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

HOW TO COMPLETE THE FORM

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

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

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

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

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

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

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

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

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

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

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

Please complete the following in block capitals:

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

Title (Mr/Ms/Mrs/other) **MR** Surname **GRO-A**
 First name **GRO-A** Middle name/s **GRO-A**
 Address **GRO-A**
REP OF IRELAND. Post Code

What is or was your relationship to this person?

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

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

Your personal information will only be used by the Skipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety (Northern Ireland) (together "the UK health administrations") to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (acting for and on behalf of the UK health administrations) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

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

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

*Delete as appropriate

YES/

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

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Skipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution fund.

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

Signature of Applicant

GRO-C

Date

24 01 2011

FOR SCOTTISH APPLICANTS ONLY:

By signing this form I confirm that this claim meets the further criteria for claims emanating from Scotland as set out in section 2 of the Guidance Notes entitled "THE SKIPTON FUND - What it is and how it works".

TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER

NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.

Thank you for your help with this application.

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

The purposes of this form are

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

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

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

In a few cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A, 2B, 4B and 5.

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

Skipton Fund Limited
Freepost NAT18555
London
SW1H OBR

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

Has an HCV antibody test ever been positive?

YES/NO* ☒

Is the applicant currently PCR positive?

YES/NO* ☒

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment?

YES/NO*

If the applicant is PCR negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?
(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic Hepatitis C.)

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

YES/NO* ☒

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

YES/NO*

YES/NO*

YES/NO*

Please provide details of which genotype the applicant is infected with

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

PART 2C - TO CONFIRM THAT A DECEASED PERSON WOULD HAVE BEEN ELIGIBLE FOR PAYMENT

Did the deceased person ever test positive for HCV antibodies?

YES/NO*

Was the deceased person PCR positive at the time of death?

YES/NO*

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

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment?

YES/NO*

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

*Delete as appropriate

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

- i) Please confirm that the infected person has or is a carrier of an inherited or acquired bleeding disorder
(such as haemophilia or von Willebrand's disorder)

YES/NO*

- ii) Were any of the following used to treat the infected person before 1 September 1991?

(please tick where appropriate)

Factor VIII concentrate

☐

Factor IX concentrate

☐

Cryoprecipitate

☐

FEIBA

☐

Plasma/FFP

☐

Whole blood or components

☒

(components include platelets, red cells, neutrophils etc)

Did treatment include repeated doses?

NO

YES/NO*

Other coagulation factor concentrate ☐

If so which?

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

KETTERING GENERAL HOSPITAL
NORTHAMPTON.

- iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's Hepatitis C infection was caused through NHS treatment received before that date?

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

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

*Delete as appropriate

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

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

When? (date)

BETWEEN 1969/70

Where? (in what NHS hospital or other facility)

KETTERING GENERAL

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

RECEIVED BLOOD AFTER AN
ACCIDENT IN WICKSTEED PARK
KETTERING (A x E)
GENERAL

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

If YES, please specify and enclose a copy of the relevant records

I WOULD HOPE THERE ARE RECORDS ON FILE.

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

YES/NO*

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

(please tick where appropriate)

Intravenous immunoglobulin

☐

Plasma/FFP

☐

Albumin

☐

DEFIX

☐

Bone marrow

☐

Whole blood or components

☐

(components include platelets, red cells, neutrofiles etc)

NO.

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

v) Does any evidence exist of any other possible source of infection

(e.g. treatment with other blood products or tissue, etc)?

If YES, please specify

YES/NO*

*Delete as appropriate

PART 4B - OTHER POSSIBLE SOURCES OF INFECTION

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

YES/NO*

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

YES/NO*

LIVER UNIT
ST VINCENTS HOSPITAL
DUBLIN

Is there any other evidence that might affect the eligibility of the infected person for payment?

If YES, please specify?

YES/NO*

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

YES/NO*

*Delete as appropriate

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

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's
GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's
GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's
GMC number

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

2 years 4 months

Name of GP (if relevant)

Surgery

Address

Post Code

Signature of GP

Surgery Stamp &
GMC number

DR. TERENCE A. LYONS
COOLGREANEY SURGERY
MCN - 11775
GMS - 71992
TEL - 0402 - 37964
FAX - 0402 - 21974

GRO-C

By signing this form I confirm that the information contained within parts 2 – 5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

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

Thank you very much for your help in completing this form