

# 8746

GRO-A

# Skipton Fund Appeal Panel

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: [appeal@skiptonfund.org](mailto:appeal@skiptonfund.org) [www.skiptonfund.org](http://www.skiptonfund.org)

GRO-A

Lincolnshire

GRO-A

29 November 2016

Dear Mr GRO-A

The Skipton Fund Appeals Panel yesterday considered your appeal against the Fund's refusal to make you a first stage payment. I know that you will be disappointed to hear that the Panel has refused your appeal. To help you to understand our decision, I would like to explain to you the clearly defined role and powers of the Appeals Panel.

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 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 suffer cirrhosis or primary liver cancer or from B-cell non-Hodgkins lymphoma.

The Appeals 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, Professor P. Mills, Dr. Patricia Hewitt, Dr. N. Gourlay

# **Skipton Fund Appeal Panel**

**PO Box 50107, London SW1H 0YF**

**Tel: 020 7808 1160 e-mail: [appeal@skiptonfund.org](mailto:appeal@skiptonfund.org) [www.skiptonfund.org](http://www.skiptonfund.org)**

At our 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 noted that you had a severed Achilles tendon in 1978 and there was a delay of about 1 hour and 15 minutes before you could receive any treatment. That part of the body (the back of the leg) is lacking in blood vessels and the bleeding from it is restricted so that there was little likelihood of your needing a transfusion as a fit 10-year old.

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



GRO-A

To Mr Nick Fish

17<sup>th</sup> October 2016

I am writing as a witness to an accident that my friend GRO-A had in the 1970's.

I was at a landfill site with some friends and I saw my neighbour, GRO-A hanging around with some of his friends. I heard someone shouting for help and saw that GRO-A had fallen through some glass and cut his lower leg badly. He was so badly hurt that he couldn't walk and as I was older and lived on the same street as him and I knew his family, I carried him back to where he lived on the GRO-A estate. Carrying him home took about an hour due to the difficulty of getting out of the land fill site area and through the farmland and over fences and countryside. All of this time GRO-A leg was bleeding badly, by the time I had got him back home he was very pale and unwell. When we arrived back at his house his father ran to call an ambulance.

If you need any further details, you can contact me with my details provided above.

Yours Sincerely

GRO-A



GRO-A

Lincolnshire  
GRO-A

10<sup>th</sup> October 2016

Dear Mr. GRO-A

**Re: Skipton Fund Appeal (8746)**

I am writing to advise you that the next meeting of the Appeals Panel will be on **28 November 2016** at which time your case will be considered.

Please aim to have any further written evidence you may wish to submit sent to arrive at the Skipton Fund by 11 November to ensure that the Panel have sufficient time to fully consider your case. We will be unable to accept further information after this date unless there are circumstances which made it impossible to arrive before then. Further information should be sent to **Skipton Fund Appeals** at the above address.

You will be written to within 7 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

**Nick Fish**

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**From:** GRO-A  
**Sent:** 06 October 2016 19:47  
**To:** Nick Fish  
**Subject:** Fwd: Regarding telephone conversation 29.9.16 and previous email, as requested

Nick,

I finally have the response from Ricardo Marques, consultant haematologist from the Inverclyde Royal Hospital. I have forwarded you his email.

This concludes all of the evidence I have for my appeal to be considered alongside my personal statement regarding my accident and treatment, my application form with information from Dr Ninkovic and a hand written statement from my mother. I have written to the commissioners office regarding their decision to destroy my records but I don't think their response will provide evidence that will help my appeal.

Please let me know if you can think of anything else that I can add, if there is nothing else I am now happy for my appeal to go ahead.

Many thanks, I look forward to hearing from you in due course.

GRO-A

----- Forwarded message -----

**From:** Da Costa, Ricardo Marques <RicardoMarques.DaCosta@GRO-C>  
**Date:** Thu, Oct 6, 2016 at 8:22 AM  
**Subject:** RE: Regarding telephone conversation 29.9.16  
**To:** GRO-A  
**Cc:** "Docherty, Stephanie" <Stephanie.Docherty@GRO-C>

Dear GRO-A

The only thing I, as a Haematologist, can provide you with is statement saying what has already been said, that at the time you were transfused at the hospital in Greenock there was still no screening in donated blood for hepatitis C - which was indeed only "discovered" in the late eighties, after HIV - and that there is a probability of you having been infected at that time and from that transfusion.

I hope that this is enough.

Yours truly,

Ricardo Marques da Costa,

Haematology Consultant,

Inverclyde Royal Hospital,

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**From:** Docherty, Stephanie  
**Sent:** 03 October 2016 09:35  
**To:** Da Costa, Ricardo Marques  
**Subject:** FW: Regarding telephone conversation 29.9.16

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**From:** GRO-A  
**Sent:** 02 October 2016 17:09  
**To:** Docherty, Stephanie  
**Subject:** Regarding telephone conversation 29.9.16

Following our telephone conversation last week, I have attached two photos of the documentation I have and a letter from myself.

I look forward to hearing from you ASAP

Many thanks for your help.

GRO-A

\*\*\*\*\*

NHSGG&C Disclaimer

The information contained within this e-mail and in any attachment is confidential and may be privileged. If you are not the intended recipient, please destroy this message, delete any copies held on your systems and notify the sender immediately; you should not retain, copy or use this e-mail for any purpose, nor disclose all or any part of its content to any other person.

All messages passing through this gateway are checked for viruses, but we strongly recommend that you check for viruses using your own virus scanner as NHS Greater Glasgow & Clyde will not take responsibility for any damage caused as a result of virus infection.

\*\*\*\*\*

GRO-A

Lincolnshire  
GRO-A

4<sup>th</sup> August 2016

Dear Mr GRO-A

**Re: Skipton Fund Appeal (8746)**

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 Appeals Panel, which is chaired by an experienced lawyer and consists of a haematologist, a hepatologist, a general practitioner and a lay person. The Appeals Panel was established by the Department of Health and has been considering cases since 3<sup>rd</sup> 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 Appeals Panel has not yet been set but you will be informed of the date in writing a few weeks in advance so that you have plenty of time to submit any further information. This should be sent to **Skipton Fund Appeals** at the above address. You will be written to within 5-7 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 information relating to the panel members as well as another copy of their guidelines to help you to provide the information they require in order to fully consider your case if you have not already done so.

Yours sincerely

GRO-C

Nicholas Fish  
Scheme Administrator

GRO-A

Lincolnshire

GRO-A

Skipton Fund (Appeals)  
PO Box 50107  
London  
SW1H 0YF

Re: Skipton Fund application (Ref. 874-6)

Dear Mr Fish

20.7.16

I am writing to appeal against your decision to decline my application. I have made the decision to appeal based on the fact that I am convinced that the treatment I received from my accident in August 1978 is the only possible source of my infection. Based on the information given by my consultant on my application form and during my assessment and appointments the damage caused to my liver is consistent with being infected with the disease for 30 plus years, this is consistent with the treatment I received for my 'complete' laceration of my right tendo-achillies at Greenock Royal Infirmary in 1978. On my application form, my consultant also confirms that, in her professional opinion, it is probable that I was infected as a result of transmission through treatment with blood or blood products received during treatment for my injuries.

It is very unfortunate that the NHS, Greater Glasgow and Clyde have destroyed my records in accordance with the Scottish Government guidance on retention periods for health records, there is nothing that can be done regarding this. I have been given the option to complain about their decision to destroy my records however I'm of the opinion that complaining won't bring my records back.

I have written to NHS Scotland again to ask if there is anything else they can add to support my case. I have also been advised by my consultant Dr Ninkovic, to ask the Skipton Fund if it would be possible to get a consultant surgery to give an opinion based on the 'complete laceration', the time elapsed before I reached hospital and received treatment and the likelihood of a transfusion.

In reviewing my case I would like you to consider the following:

1. My accident and treatment was in 1978 which was 38 years ago when I was 10 years old. During my initial assessment, my consultant, Dr Ninkovic said that the damage already caused to my liver is consistent with having the disease for 30 years or more.
2. The refusal decision letter states that, 'The page of medical records we received from 1978 makes reference to a 'laceration to the right tendo-Achillies with glass and that 'routine repair was carried out, with no reference to treatment with blood or blood products'. The letter also suggests that this is not a procedure where a blood transfusion would probably be required. I would dispute this as my records actually state that it was a 'complete' laceration of right tendo-achillies (endosed). I would also like you to take the circumstances my accident took place in into consideration. In 1978, aged 10 years, I was playing around with friends at [GRO-A], Scotland). When I fell onto the glass it made a 9" cut into the back of my right leg, severe enough to 'completely' lacerate my right tendo-Achilles. Due to there being no mobile phones in 1978, I was carried from the land fill site to my parent's house which was 1.5 miles away across country, over rough terrain. I was carried by my friend [GRO-A] who is happy to confirm this if needed. It took [GRO-A] around 40-50 minutes to carry me home, during which time my leg was bleeding profusely. Once we reached my parent's house, my father ran to the nearest phone box, which was two streets away, around 5 minutes journey on foot, to call an ambulance. The ambulance then took around 15 minutes to arrive, the journey to [GRO-A] [GRO-A] was around a ten minute journey.

My leg was bleeding profusely for more than an hour and fifteen minutes before I arrived at A&E. I was then treated and had to stay in hospital for 3 weeks due to the severity of my injuries.

My mother and father visited me frequently in hospital during my three week stay. Unfortunately my father is no longer with us to provide a statement but my mother [GRO-A] is happy to provide a statement (enc) as she remembers the accident and the treatment I received.

I look forward to hearing from you in due course,

Yours Sincerely

GRO-C

Mr [GRO-A]

**GREENOCK ROYAL INFIRMARY**  
GREENOCK PA15 1PT

Your Reference

Tel: GREENOCK 20374

Our Reference JTM/McT/146156

If telephoning ask for:

8 August 1978

GRO-A

Dear Dr GRO-A

GRO-A Age 10

This boy was admitting having sustained a laceration of the right tendo-Achilles with glass. The same day it was found that the tendo-Achilles had been completely divided and routine repair was carried out. He was discharged home in a walking plaster and will be seen in the clinic in three weeks.

Yours sincerely

GRO-C

J T MARCROFT

Consultant Orthopaedic Surgeon



TO NICH FISH

29/7/16

SCHEME ADMINISTRATOR,

I CAN CONFIRM THAT MY SON

GRO-A

WAS IN HOSPITAL GREENOCK ROYAL

INFIRMARY FOR 3 WEEKS IN 1978.

HE HAD A VERY TRAUMATIC ACCIDENT WHERE

HIS RIGHT FOOT WAS HANGING OFF THE CUT

WAS SO BAD THAT IT COMPLETELY RUPTURED AND

INCORPORATED HIS TENDONS BECAUSE IT WAS SUCH A

LONG TIME BEFORE WE GOT TO HOSPITAL FOR

TREATMENT HE LOST A LOT OF BLOOD AND

HAD TO HAVE A TRANSFUSION AN OPERATION AND 32

STITCHES.

YOURS SINCERELY

GRO-C



		"haemorrhoids"		
20 Jan 1998	Anusol suppositories (McNeil Products Ltd)	ONE TO BE TAKEN pr EVERY NIGHT "haemorrhoids"	12 supp	A
01 May 1998	Anusol suppositories (McNeil Products Ltd)	ONE TO BE TAKEN pr EVERY NIGHT "haemorrhoids"	12 supp	
29 Jul 1998	Co-dydramol 10mg/500mg tablets	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	100 tab	A
16 Sep 1998	Malathion 0.5% alcoholic lotion	as directed	55 ml	A
05 Jan 1999	Amoxicillin 250mg capsules	ONE TO BE TAKEN THREE TIMES A DAY	15 cap	A
14 Oct 1999	penicillin v tablets 250mg	ONE TO BE TAKEN FOUR TIMES A DAY	28 tab	A
15 Jun 2000	Beladine 10% ointment (Molnlycke Health Care Ltd)	as directed	20 g	A
15 Jun 2000	Co-amoxiclav 250mg/125mg tablets	ONE TO BE TAKEN THREE TIMES A DAY	30 tab	A
10 Oct 2000	Ibuprofen 600mg tablets	ONE TO BE TAKEN THREE TIMES A DAY	84 tab	A
20 May 2002	Amoxicillin 250mg capsules	take one three times/day	15 capsule(s)	A
28 Dec 2005	Ibuprofen 400mg tablets sugar coated (Actavis UK Ltd)	take one three times/day	84 tablet(s)	A
28 Dec 2005	NIQUITIN patch 21mg (GLAXO CONI UK Ltd)	apply daily	14 patch(es)	A
19 Nov 2009	Champrx 0.5mg/1mg 2 week treatment initiation pack (Pfizer Ltd)	use As directed	25 tablets	A
25 Jan 2010	Amoxicillin 500mg capsules	ONE to be taken THREE times a day	21 capsules	A
17 Mar 2010	Desloratadine 5mg tablets	ONE to be taken ONCE a day	1 pack of 30.0 tablet(s)	A
17 Mar 2010	Mometasone 50micrograms/dose nasal spray	Release TWO sprays into the nostrils ONCE a day when lying flat, let spray work its way up, do not sniff the spray up the nostrils	1 pack of 1.0 140 dose nasal spray	A
16 Apr 2010	Amoxicillin 500mg capsules	ONE to be taken THREE times a day	21 capsules	A
06 Jul 2012	Flucloxacillin 500mg capsules	take one 4 times a day for one week	28 capsules	A
13 Jul 2012	Tegaderm + Pad dressing 5cm x 7cm (3M Health Care Ltd)	use As directed	1 pack of 50 dressing(s)	A
05 Nov 2013	Co-dydramol 10mg/500mg tablets	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	100 tab	A
18 Feb 2014	Chloramphenicol 0.5% eye drops	(conjunctivitis in one eye - standard dose) Instil ONE drop FOUR times a day	10 ml	A
18 Feb 2014	Co-amoxiclav 250mg/125mg tablets	ONE to be taken THREE times a day	21 tablet	A
22 Mar 2016	Orneprazole 20mg gastro-resistant capsules	ONE to be taken TWICE daily	56 capsule	
28 Apr 2016	Amoxicillin 500mg capsules	TWO To be taken Twice Daily one week	42 capsule	A
28 Apr 2016	Clarithromycin 500mg tablets	ONE to be taken every 12 hours for ONE week	14 tablet	A
29 Apr 2016	Orneprazole 20mg gastro-resistant capsules	ONE to be taken TWICE daily	56 capsule	

## Repeat Templates

01 May 1998	Anusol suppositories (McNeil	ONE TO BE TAKEN pr	12 supp	01 May 1998	Ended
Thu 05 May 2016 11:40					

GR O A

NHS Confidential: Personal Data about a Patient

Products Ltd)		EVERY NIGHT haemorrhoids	End Reason: End of course	
Issues: 1				
22 Mar 2016	Orneprazole 20mg gastro-resistant capsules	ONE to be taken TWICE daily	56 capsule	29 Apr 2016
Issues: 2		Review: 22 Mar 2017		

Drug Sensitivities

No information recorded

Allergies

No information recorded

Problem Substances

No information recorded

Recalls

Miscellaneous

Superseded on 01 Apr 2009

Notes: Patient reminders - Smoking Cessation Review

Tetanus

Cancelled by clinician on 09 Nov 2009

Notes: Booster tetanus vaccination - Patient reminders - Tetanus Reinforcer - Calculated as part of conversion

01 Apr 2009

Smoking Cessation Review

Cancelled by clinician on 09 Nov 2009

23 Sep 2015

NHS Health Check by recall

Pending, Due 23 Sep 2020

19 Oct 2015

Bloods

Pending, Due 19 Oct 2035

Notes: PLEASE ADD YELLOW STICKERS TO ALL PATHOLOGY REQUESTS

Reminders

19 Oct 2015

PLEASE ADD YELLOW STICKER TO ALL PATHOLOGY REQUESTS (19.10.2015)

High Priority

13 Oct 2009

This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy.

Cancelled on 06 Nov 2009

Vaccinations

01 Jan 1994

Tetanus Vaccine (Generic) Booster

TETANUS

Batch#:

GMS: Yes

Summary

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

02 Dec 1989

O/E - convergent squint (2BD1.)

S

Laterality: Right

08 Aug 1978

Ruptured Achilles tendon - traumatic (XM1N1b)

S

Laterality: Right

14 Aug 1982

Seen in accident and emergency department (9N19.)

S

22 Sep 1988

Partial sight (XA11b)

MS

Laterality: Right

03 Dec 1991

Repetitive strain injury (X708A)

S

07 Jun 2000

Seen in accident and emergency department (9N19.)

S

03 Oct 2000

Seen in accident and emergency department (9N19.)

S

03 Mar 2004

Injury of head region (XA003)

S

04 Jan 2005

Notes summary on computer (9344.)

S

30 Dec 2008

Fracture of distal end of radius (XA0Gb)

S

NHS Confidential: Personal Data about a Patient

GR O A



SUMMARY OF TREATMENT CARD	
DATE	CLINICAL NOTES
1969	Right internal rectus recession amblyopia, blind Right eye
1968	Complete, incarceration of Right testis
1982	Acute, 5-10 days Right eye
1985	Glandular fever
10.5.85	Chest X-ray
28.9.88	X-ray both hips

National Health Service Number		Forenames (Block Letters)	
CLINICAL NOTES	Surname (Block Letters)	Date of Birth	
	Address		

  

Date	*	
19/5/87		Trauma to (L) testis - Nephew jumped on o/e Sm haematoma. Pausten Susp bandage

Clyde Legal Aspects Team  
Level E  
Inverclyde Royal Hospital  
Larkfield Road  
Greenock  
PA16 0XN



Private

GRO-A

Lincolnshire

GRO-A

Date 29 April 2016  
Your Ref 2607673038  
Our Ref DU/EB/IRH

Enquiries to 01475 504763  
Extension  
Direct Line  
Email

GRO-C

Dear Mr GRO-A

**Re: Subject Access Request under Data Protection Act 1998**

Thank you for your letter of 28 April 2016 asking for information about copy medical records.

We have now finished searching our files and systems for information.

Based on the details you gave us, we can confirm that we do not hold any of the health information to be supplied under the Data Protection Act 1998.

In line with the Scottish Government guidance on retention periods for health records the health records you have requested have been destroyed.

For copy of Practitioner Records you can contact the following:

NATIONAL SERVICES SCOTLAND  
Practitioner Services  
Medical  
Meridian Court  
5 CADOGAN STREET  
GLASGOW  
G2 6QE

Cont/d...

If you are not happy with how we have dealt with your request, you can contact us at:

Dianne Urquhart  
Health Records Manager  
Legal & Storage  
NHSGG&C  
Gartnavel General Hospital  
1053 Gt Western Road  
Glasgow  
G12 0YN

You must write to us within six months of the date of this letter.

You also have the right to complain to the Information Commissioner's Office. They do not have to take up all the cases they receive and will decide whether or not to look into your complaint. Their address is:

The Information Commissioner's Office – Scotland  
45 Melville Street  
Edinburgh  
EH3 7JL  
Phone: 0131 244 9001  
Email: [Scotland@ico.org.uk](mailto:Scotland@ico.org.uk)

If you would like to discuss this in more detail, please contact us.

Yours sincerely

GRO-C

*pl* Dianne Urquhart  
Health Records Manager  
Legal & Storage  
NHSGG&C

**For any enquiries please contact The Legal Desk at the above address directly**

## Practitioner Services

### Medical

Meridan Court  
5 Cadogan Street  
Glasgow, G2 6QE  
Tel 0141 300 1300  
RNID Typetalk: 18001 0141 300 1300  
Fax 0141 300 1347  
[www.show.scot.nhs.uk/psd](http://www.show.scot.nhs.uk/psd)



GRO-A

Date : 12/05/16  
Your Ref : MEDICAL RECORDS  
Our Ref : 2607673038

Extension : 1338  
Direct Line: 0141 300 1338  
E-mail : [helen.windle@GRO-C](mailto:helen.windle@GRO-C)

Dear Mr GRO-A

I can confirm all your general practitioner medical records were sent to the Norfolk Health Authority on the 25 of October 1990.

If your medical records do not contain all hospital reports for any treatment you received in hospital, you should contact the medical records department of the hospital concerned for copies.

Yours sincerely

GRO-C

Miss Helen Windle  
ASSISTANT REGISTRATION MANAGER



### Headquarters

Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB  
Telephone 0131 275 6000  
Chairman Professor Elizabeth Ireland

Chief Executive [www.nhs.uk](http://www.nhs.uk)  
NHS National Services Scotland is the common name of the  
Common Services Agency for the Scottish Health Service.

GRO-A

Lincolnshire

GRO-A

19<sup>th</sup> July 2016

Dear Mr GRO-A

**Re: Skipton Fund application (Ref. 8746)**

We have received your completed Skipton Fund application form and supporting documents which have been considered by one of the Fund's medical directors.

It is with regret that I must advise you that the application has been declined. This is due to the lack of supporting medical records confirming that you were treated with NHS blood or blood products prior to September 1991 and that this was therefore the most likely source of your infection with the hepatitis C virus. The page of medical records we received from 1978 makes reference to a "laceration to the right tendo-Achilles with glass" and that "routine repair was carried out", but there was no reference to treatment with blood or blood products and this is not a procedure where a blood transfusion would probably be required.

Of course, if you do obtain further information which confirms that you did undergo a blood transfusion then please return the form back to us along with a copy of this documentation. Please note any amendments to the form will need to be confirmed by the completing doctor.

If you disagree with the outcome of your application you may apply to the independent Appeals Panel, which is chaired by an experienced lawyer and contains a haematologist, a hepatologist, a general practitioner and a lay person. I enclose a copy of the Appeals Panel's guidance notes to help you decide if you would like the case to go to appeal or not.

If you do wish to appeal please return the application form and confirm this in writing; please note that we have retained everything we have received in connection with your application on file should you wish to appeal the decision.

Yours sincerely

Nicholas Fish  
Scheme Administrator

8746

**GRO-A**

GRO-A



**GRO-A**

**GRO-A**

**GRO-A**

**GRO-A**

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**GRO-A**

GRO-A



**GRO-A**

**GRO-A**

20 Jan 1998	Anusol suppositories (McNeil Products Ltd)	"haemorrhoids" ONE TO BE TAKEN pr EVERY NIGHT "haemorrhoids"	12 supp	A
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29 Jul 1998	Co-dydramol 10mg/500mg tablets	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	100 tab	A
16 Sep 1998	Malathion 0.5% alcoholic lotion	as directed	55 mls	A
05 Jan 1999	Amoxicillin 250mg capsules	ONE TO BE TAKEN THREE TIMES A DAY	15 cap	A
14 Oct 1999	penicillin v tablets 250mg	ONE TO BE TAKEN FOUR TIMES A DAY	28 tab	A
15 Jun 2000	Betadine 10% ointment (Molnlycke Health Care Ltd)	as directed	20 g	A
15 Jun 2000	Co-amoxiclav 250mg/125mg tablets	ONE TO BE TAKEN THREE TIMES A DAY	30 tab	A
10 Oct 2000	Ibuprofen 600mg tablets	ONE TO BE TAKEN THREE TIMES A DAY	84 tab	A
20 May 2002	Amoxicillin 250mg capsules	take one three times/day	15 capsule(s)	A
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28 Dec 2005	NIQUITIN patch 21mg [GLAXSK CON]	apply daily	14 patch(es)	A
19 Nov 2009	Champix 0.5mg/1mg 2 week treatment initiation pack (Pfizer Ltd)	use As directed	25 tablets	A
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17 Mar 2010	Desloratadine 5mg tablets	ONE to be taken ONCE a day	1 pack of 30.0 tablet(s)	A
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18 Feb 2014	Co-amoxiclav 250mg/125mg tablets	ONE to be taken THREE times a day	21 tablet	A
22 Mar 2016	Omeprazole 20mg gastro-resistant capsules	ONE to be taken TWICE daily	56 capsule	
28 Apr 2016	Amoxicillin 500mg capsules	TWO To be taken Twice Daily one week	42 capsule	A
28 Apr 2016	Clarithromycin 500mg tablets	ONE to be taken every 12 hours for ONE week	14 tablet	A
29 Apr 2016	Omeprazole 20mg gastro-resistant capsules	ONE to be taken TWICE daily	56 capsule	

**Repeat Templates**

01 May 1998	Anusol suppositories (McNeil)	ONE TO BE TAKEN pr	12 supp	01 May 1998, Ended
-------------	-------------------------------	--------------------	---------	--------------------

Thu 05 May 2016 11:40

NHS Confidential: Personal Data about a Patient

**GRO-A**

	Products Ltd)	EVERY NIGHT 'haemorrhoids'		
Issues: 1		End Reason: End of course		
22 Mar 2016	Omeprazole 20mg gastro-resistant capsules	ONE to be taken TWICE daily	56 capsule	29 Apr 2016
Issues: 2		Review: 22 Mar 2017		

**Drug Sensitivities**

No information recorded

**Allergies**

No information recorded

**Problem Substances**

No information recorded

**Recalls**

	Miscellaneous	Superseded on 01 Apr 2009
Notes: Patient reminders - Smoking Cessation Review		
	Tetanus	Cancelled by clinician on 09 Nov 2009
Notes: Booster tetanus vaccination - Patient reminders - Tetanus Reinforcer - Calculated as part of conversion		
01 Apr 2009	Smoking Cessation Review	Cancelled by clinician on 09 Nov 2009
23 Sep 2015	NHS Health Check 5yr recall	Pending, Due 23 Sep 2020
19 Oct 2015	Bloods	Pending, Due 19 Oct 2035
Notes: PLEASE ADD YELLOW STICKERS TO ALL PATHOLOGY REQUESTS		

**Reminders**

19 Oct 2015	PLEASE ADD YELLOW STICKER TO ALL PATHOLOGY REQUESTS (19.10.2015)	High Priority
13 Oct 2009	This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy.	Cancelled on 06 Nov 2009

**Vaccinations**

01 Jan 1994	Tetanus Vaccine (Generic) Booster	TETANUS
	Batch#:	GMS: Yes

**Summary**

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

02 Dec 1969	O/E - convergent squint (2BD1.)	S
Laterality: Right		
08 Aug 1978	Ruptured Achilles tendon - traumatic (XM1Nb)	S
Laterality: Right		
14 Aug 1982	Seen in accident and emergency department (9N19.)	S
22 Sep 1988	Partial sight (XA1lh)	MS
Laterality: Right		
03 Dec 1991	Repetitive strain injury (X708A)	S
07 Jun 2000	Seen in accident and emergency department (9N19.)	S
03 Oct 2000	Seen in accident and emergency department (9N19.)	S
03 Mar 2004	Injury of head region (XA003)	S
04 Jan 2005	Notes summary on computer (9344.)	S
30 Dec 2008	Fracture of distal end of radius (XA0Gb)	S

Right dominant wrist

03 Dec 2009	Seen by smoking cessation advisor (Xalye)	2nd visit:	S
-------------	---	------------	---

Thu 05 May 2016 11:40

NHS Confidential: Personal Data about a Patient

**GRO-A**

Clyde Legal Aspects Team  
Level E  
Inverclyde Royal Hospital  
Larkfield Road  
Greenock  
PA16 0XN



Private

GRO-A

Lincolnshire

GRO-A

Date 29 April 2016  
Your Ref 2607673038  
Our Ref DU/EB/IRH

Enquiries to 01475 504763  
Extension  
Direct Line  
Email

GRO-C

Dear Mr GRO-A

**Re: Subject Access Request under Data Protection Act 1998**

Thank you for your letter of 28 April 2016 asking for information about copy medical records.

We have now finished searching our files and systems for information.

Based on the details you gave us, we can confirm that we do not hold any of the health information to be supplied under the Data Protection Act 1998.

In line with the Scottish Government guidance on retention periods for health records the health records you have requested have been destroyed.

For copy of Practitioner Records you can contact the following:

NATIONAL SERVICES SCOTLAND  
Practitioner Services  
Medical  
Meridian Court  
5 CADOGAN STREET  
GLASGOW  
G2 6QE

**GREENOCK ROYAL INFIRMARY**

GREENOCK PA15 1PT

Your Reference

Tel: GREENOCK 20374

Our Reference JTM/McT/146156

If telephoning ask for:

8 August 1978

Dr M A Kapasi

GRO-A

Dear Dr Kapasi

GRO-A

Age 10

This boy was admitting having sustained a laceration of the right tendo-Achilles with glass. The same day it was found that the tendo-Achilles had been completely divided and routine repair was carried out. He was discharged home in a walking plaster and will be seen in the clinic in three weeks.

Yours sincerely

GRO-C

J T MARCROFT

Consultant Orthopaedic Surgeon

~~RECEIVED~~

GRO-A

Lincolnshire

GRO-A

TEL. GRO-A

14.5.16

The Skipton Fund

PO BOX 50107

London

SW1H 0YF

Further to our telephone conversation yesterday (13.5.16), I am sending photographs of my scars, my GP record sheet which details the date of my accident, the letter from the Consultant Orthopaedic Surgeon at the Greenock Royal Infirmary dated 8<sup>th</sup> August 1978, and the letter from NHS Greater Glasgow and Clyde which states that the health records I requested regarding my operation, treatment and 3 week stay in hospital as result of the accident have been destroyed.

I have also measured my scar, which runs down the back of my right leg to my ankle, across the back of my ankle and back up the other side. It measures 17cms (this is difficult to see in the photos). I have also emailed the photos to your email address ([apply@skiptonfund.org](mailto:apply@skiptonfund.org)).

My consultant at Peterborough Hospital is completing my application form and will send direct to the Skipton Fund.

Please get in touch if you require any further information.

Many Thanks,

GRO-A

## Nick Fish

---

**From:** GRO-A  
**Sent:** 13 June 2016 19:00  
**To:** Nick Fish  
**Subject:** Re: Skipton Fund

Nick,

Thank you for your email, I am providing my change of bank account details as requested.

These are the account details that I registered with the Skipton Fund: GRO-A  
Details of the account I would like to receive payment in if my application is successful: GRO-A  
GRO-A

Many thanks,

GRO-A

On Mon, Jun 13, 2016 at 2:42 PM, Nick Fish <nick@GRO-C> wrote:

Dear Mr GRO-A

Thank you for your email and for letting us know that we should be receiving your application form shortly; we will write to you within 5 working days of receipt to let you know once it has come in.

In order to update your bank details please either send a signed letter or email back to confirm the details of the account you registered with the Skipton Fund and the details of the account to which you would like to receive payment if the application is successful.

I look forward to receiving your form and new bank details in due course.

Yours sincerely

Nick Fish

Scheme Administrator

Direct Line: GRO-C

Nick Fish

**From:** Website registration form <noreply@skiptonfund.org>  
**Sent:** 04 February 2016 23:51  
**To:** The Skipton Fund  
**Subject:** Online registration system - new registration

----- Registration Form ... Generated from website: [www.skiptonfund.org](http://www.skiptonfund.org) -----

-- Title: Mr  
-- Forenames: GRO-A  
-- Last Name: GRO-A  
-- Address: GRO-A  
-- Post Code: GRO-A  
-- Daytime Telephone: GRO-A  
-- OK to leave message?: Yes  
-- Email address: GRO-A  
-- National Insurance #: GRO-A  
-- NHS #: GRO-A  
-- Date of Birth: GRO-A 1967  
-- This person is not registered with a haemophilia centre  
-- Name of Bank/Building Society: Halifax  
-- Account Name: Mr GRO-A  
-- Sort Code: GRO-A  
-- Account Number: GRO-A

MR  
GRO-A  
GRO-A  
26/07/1967  
TRACED



## 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 7 months

Name of Clinician DR M. NINKOVIC

Department HEPATOLOGY

Hospital PETERBOROUGH CITY HOSPITAL

Address EDITH CAVELL CAMPAUS

DRETON GATE

Post Code PE3 9GZ

Signature of Clinician

Hospital Stamp

Clinician's

GMC number

GRO-C

320 6531

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's

GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's

GMC number

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

years months

Name of GP (if relevant)

Surgery

Address

Post Code

Signature of GP

Surgery Stamp &amp;

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: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

GRO-A

Lincolnshire  
GRO-A

8746

to 5/02/2016

## 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 in respect of somebody who has died, the form asks for information about the deceased 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 the guidance notes to that medical professional.

Generally this medical professional should be the principal clinician treating you or who had treated the deceased; this will probably be a clinician treating hepatitis C, but in the case of applicants with bleeding disorders, or in respect of someone deceased who had a bleeding disorder, it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your or the deceased person's General Practitioner, again with the guidance notes.

If you yourself have any records of how you or the deceased 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 along with supporting documents where it will be processed. Provided that the information supplied confirms 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

Before applying for the second stage payment a successful first stage application has to have been paid to confirm eligibility. If, after receiving the first payment, you believe that you are eligible for this payment, please ask the Skipton Fund for the relevant application form.

1

PRIVATE AND CONFIDENTIAL

PRIVATE AND CONFIDENTIAL

## PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT, OR IN RESPECT OF SOMEONE WHO IS DECEASED

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 in respect of somebody who is deceased, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other) Mr

Surname GRO-A

First name GRO-A

Middle name/s

Address GRO-A

LINCOLNSHIRE

Post Code GRO-A

What is or was your relationship to this person?

If the infected person has died and you did not supply the Skipton Fund with a copy of the death certificate during registration then please attach a copy to this form.

## PART 1B - TO BE COMPLETED BY THE APPLICANT OR THE PERSON MAKING THE APPLICATION ON BEHALF OF THE ESTATE IF THE APPLICANT IS DECEASED

## DATA PROTECTION - For living applicants only

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, 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 (England) 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 2-4 being supplied to the Skipton Fund and the Department of Health (England) 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 regarding your hepatitis C status (or that of the deceased person), please give them to the medical professional who will be completing the remainder of the form.

## For all applicants

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 on behalf of myself or, if applying in respect of a deceased person, that the estate has not previously applied 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 NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

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

Signature of applicant or the person making the application on behalf of the estate if the applicant is deceased

GRO-C

Date 25 05 2016

2

## 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 chronically infected
- to confirm that the infection most probably arose through treatment with NHS blood or blood products

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 some cases this form will concern a patient who had been infected with hepatitis C but who has since died. In such a case all the questions you are requested to answer refer to the deceased person.

In some 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 (or 2C), 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

3



## 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/RNA positive? ☒ YES ☐ NO\*

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

If the applicant is PCR/RNA 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 ALL OF THE ANSWERS IN PART 2A

## PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY

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

☒ YES ☐ NO\*

If YES did transmission occur as a consequence of

- sexual intercourse? ☒ YES ☐ NO\*
- accidental needle stick? ☒ YES ☐ NO\*
- mother-to-baby transmission? ☒ YES ☐ NO\*
- other (please specify)?

Blood Transfusion 1970's Scotland  
Following surgery for achilles tendon rupture.

Please provide details and a copy of test result to confirm which genotype the applicant is/was infected with

1A

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

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

Did the deceased person ever test positive for HCV antibodies? YES/NO\*

Was the deceased person PCR/RNA positive at the time of death? YES/NO\*

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

If the deceased person died before tests for hepatitis C were available, was a diagnosis of non-A, non-B hepatitis associated with receipt of a blood transfusion, blood component or blood products made? YES/NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2C

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/had or is/was 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? YES/NO\*

Other coagulation factor concentrate ☐

If so which?

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

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

5

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

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

When? (date)    

Where? (in what NHS hospital or other facility)

NHS

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

Surgery Scotland 1970's.

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

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

iii) If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991? YES/NO\*

☒ 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 checked="" type="checkbox"/> |
- (components include platelets, red cells, neutrophils etc)

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

Bleeding

v) Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)? YES/NO\*

☒ YES ☐ NO\*

\*Delete as appropriate

6

## PART 4B - OTHER POSSIBLE SOURCES OF INFECTION

Based on evidence or your experience, has/had the infected person been treated for intravenous drug use? YES/NO\*

☒ YES ☐ NO\*

Has/had the infected person ever received hospital treatment outside the UK?

If YES, what treatment and where?

☒ YES ☐ NO\*

no

Is there any other evidence that might affect the eligibility of the infected person for payment? YES/NO\*

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\*

If NO, please give your reasons?

☒ YES ☐ NO\*

\*Delete as appropriate

7



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

RECEIVED 04 AUG 2016

8746

GRO-A
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Lincolnshire

GRO-A
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*Ad 5/02/2016***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.

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**TO APPLY FOR SECOND STAGE EX GRATIA PAYMENT**

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**PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT, OR IN RESPECT OF SOMEONE WHO IS DECEASED**

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 in respect of somebody who is deceased, please supply the following information about the deceased.

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

What is or was your relationship to this person?

If the infected person has died and you did not supply the Skipton Fund with a copy of the death certificate during registration then please attach a copy to this form.

**PART 1B - TO BE COMPLETED BY THE APPLICANT OR THE PERSON MAKING THE APPLICATION ON BEHALF OF THE ESTATE IF THE APPLICANT IS DECEASED****DATA PROTECTION – For living applicants only**

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, 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 (England) 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 - 4 being supplied to the Skipton Fund and the Department of Health (England) 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 regarding your hepatitis C status (or that of the deceased person), please give them to the medical professional who will be completing the remainder of the form.

**For all applicants**

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 on behalf of myself or, if applying in respect of a deceased person, that the estate has not previously applied 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 NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

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

Signature of applicant or the person making the application on behalf of the estate if the applicant is deceased

GRO-C
-------

Date 25 05 2016



**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 chronically infected
- to confirm that the infection most probably arose through treatment with NHS blood or blood products

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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/RNA positive?

☒ YES/☐ NO\*

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

YES/☐ NO\*

If the applicant is PCR/RNA 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 ALL OF THE ANSWERS IN PART 2A

**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\*

Blood Transfusion 1970's Scotland  
Following surgery for achilles tendon rupture.

Please provide details and a copy of test result to confirm which genotype the applicant is/was infected with

1A

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

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

Did the deceased person ever test positive for HCV antibodies?

YES/☐ NO\*

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

YES/☐ NO\*

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

YES/☐ NO\*

If the deceased person died before tests for hepatitis C were available, was a diagnosis of non-A, non-B hepatitis associated with receipt of a blood transfusion, blood component or blood products made?

YES/☐ NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2C



**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/had or is/was 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?

YES/NO\*

Other coagulation factor concentrate

☐

If so which?

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

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

Where? (in what NHS hospital or other facility)  NHS.

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

Surgery Scotland 1970's.

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

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

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, neutrophils etc)

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

Bleeding

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/had the infected person been treated for intravenous drug use?

YES/NO\*

Has/had the infected person ever received hospital treatment outside the UK?

YES/NO\*

If YES, what treatment and where?

no

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

YES/NO\*

If YES, please specify?

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\*

If NO, please give your reasons?

\*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 7 months

Name of Clinician DR M. NINKOVIC

Department HEPATOLOGY

Hospital PETERBOROUGH CITY HOSPITAL

Address EDITH CAVELL CAMPUS

BRETTON GATE

Post Code PE3 9GZ

Signature of Clinician

GRO-C

Hospital Stamp

Clinician's  
GMC number

3206531

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's  
GMC number

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

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's  
GMC number

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

years months

Name of GP (if relevant)

Surgery

Address

Post Code

Signature of GP

Surgery Stamp &  
GMC number

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