

Witness Name: Brendan Brown

Statement No: WITN4496001

Exhibits: WITN4496002 to  
WITN4496011

Dated: April 2021

**INFECTED BLOOD INQUIRY**

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**WRITTEN STATEMENT OF BRENDAN BROWN**

**ON BEHALF OF THE NHS BUSINESS SERVICES AUTHORITY**

**EXHIBIT BB6 (WITN4496007)**

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# **NHS Business Services Authority** **England Infected Blood Support Scheme** **(EIBSS)**

Response to Public Inquiry Rule 9(2) Request

16 November 2018

## Introduction

This paper forms the NHS Business Services Authority (NHSBSA) response to the Public Inquiry Rule 9(2) Request.

NHSBSA response is based on the responsibilities that NHSBSA has in administering EIBSS on behalf of the Secretary of State for Health and Social Care. Any reference to policy and funding decisions will be referred to the Department of Health and Social Care (DHSC).

NHSBSA are not in a position to respond in relation to the previous administrators of the schemes, other than in the capacity of engaging with Alliance House during the development of EIBSS and transfer of beneficiary information.

## Background

In March 2017, DHSC directed NHSBSA to deliver a single programme of payment support to people in England historically infected with hepatitis C and/or HIV through NHS supplied blood or blood products. The scheme was to also provide support for their families, including spouses, civil or long-term partners, children and dependents.

The people supported by this scheme were to be referred to as 'beneficiaries'.

At the time DHSC were in discussion with the NHSBSA, and up to the point in which NHSBSA went live with the new service, beneficiaries were provided support from three charities: Eileen Trust, Macfarlane Trust, Caxton Foundation and two companies: MFET Ltd and Skipton Fund (collectively known as Alliance House (AH), as all were based in Alliance House, London).

NHSBSA worked with DHSC and AH to develop a delivery model that would enable NHSBSA to support beneficiaries and a specification document was agreed with DHSC. On 1 November 2017 NHSBSA went live with the new service, EIBSS, and immediately started supporting beneficiaries.

As an Arm's Length Body, NHSBSA deliver EIBSS by direction from the Secretary of State for Health and Social Care. NHSBSA is held accountable for the scheme administration by DHSC Policy Team (Emergency Preparedness and Health Protection Policy). DHSC are responsible for the scheme policies and fund the NHSBSA to administer the scheme, including making discretionary payments to beneficiaries.

## A – materials held by the scheme

**1. The IBI will require the scheme to provide it with copies of or access to materials relating to its establishment, the formation of its policies, its financial records, and its records of applications made by and payments made to beneficiaries. Please provide:**

**a. An explanation of the form in which you currently hold these materials, whether in electronic or hard copy, and how those materials are presently organised.**

### NHSBSA response

DHSC is responsible for the formation of the policy for EIBSS. NHSBSA refers this part of question 1. to DHSC.

NHSBSA as scheme administrator does hold certain documents relating to the establishment of the scheme and policy documents which NHSBSA is directed by DHSC to follow. These are indicated in 1.b. of this response.

Paper records are held for applications received since 1 November 2017 (which is the date on which responsibility for the administration of EIBSS transferred to NHSBSA). Numbers of paper applications are shown within 1.c. of this response.

**b. A schedule of this material.**

### NHSBSA response

Type of Document	Format	Purpose	Pages
Memorandum of Understanding between DHSC and NHSBSA	Electronic – available on request	Clarify agreements between DHSC and NHSBSA	12
Financial Records – payments to beneficiaries and accounts	Electronic – available on request	Financial recording and audit	Held electronically
DHSC policy for bereaved payments	Electronic – available on request	Outline policy on one-off payments to the bereaved	6
DHSC Specification – England Infected Blood Support Scheme	Electronic – available on request	Outline details of how the payment scheme should operate and Key Performance Indicators for NHSBSA to achieve	20
NHSBSA Directions 2017	Electronic – available on request (and also in statute)	The legal framework to enable NHSBSA to administer EIBSS	2

Draft Report NHSBSA to DHSC on Discretionary Payments	Electronic – available on request	To report to DHSC on the types of payments made to beneficiaries currently and to help inform policy decisions on the future of the scheme. This then helped formulate a Ministerial submission for DHSC to sign-off on the details of the revised discretionary policy	38
NHSBSA Financial allocation letter from DHSC 2018-19	Electronic – available on request	To indicate the level of funding available for NHSBSA to access as part of the scheme for 2018/19	3

**c. Please indicate the volume of this material.**

NHSBSA response

Volume of physical (paper) applications:

<b>Application type</b>	<b>Under review</b>	<b>Approved</b>	<b>Declined</b>
Hepatitis C stage 1 payments	28	40	18
Hepatitis C stage 2 payments	7	57	16
HIV payments	1	0	5
SCM payments	24	600	182
Income top-up payments	0	982	42
Discretionary one-off payments	63	256	72

The volume of electronic information is outlined in the table above, and will include details of the physical paper applications.

## **B – Setting up and operation of the scheme**

**2. Please provide a narrative account of the establishment of the scheme and outline its functions. In doing so, please:**

**a. Please name the individuals who have been and continue to be involved in the setting up, daily operation and oversight of the scheme, listing their roles and relevant dates;**

### NHSBSA response

Brendan Brown – Director of Citizen Services

On behalf of NHSBSA Brendan acted as project executive in bringing the administration of EIBSS to NHSBSA; the delivery of EIBSS remains within Brendan's Citizen Services directorate.

Chris Calise – Head of Patient Services (a business area within Citizen Services)

Chris acted as a senior member of the project delivery team and is responsible for the scheme delivery and reports directly to Brendan Brown and represents NHSBSA within the accountability arrangements with DHSC for the service administration.

James Hardy – Client and Stakeholder Relationship Manager

James joined NHSBSA Patient Services management team in August 2018 and works with the DHSC policy officials as a regular point of contact for EIBSS. James reports directly to Chris Calise.

Chris Tempest – Senior Service Delivery Manager

Chris was the operational lead in designing and implementing EIBSS as an NHSBSA service that transferred to and went live on 1 November 2017. Chris liaised with the previous scheme administrators and their Chief Executive in the transitional phase leading up to the establishment of EIBSS; he remained aligned to the service until September 2018. Chris reports directly to Chris Calise. Chris Tempest has now progressed into another role within Patient Services but he is available if required.

Sheena Clark – Service Delivery Manager

Sheena was involved in the project to bring the administration of the scheme to NHSBSA and is now operationally responsible for EIBSS and is the line manager delivering the scheme.

Eight staff members are currently in post delivering the service and a large number of other NHSBSA colleagues were involved as part of the on-boarding of the service from different corporate areas of the business such as Human Resources, Information Technology, Commercial Services and Project Management areas.

**b. Outline your understanding of the degree to which the scheme is the remit of your relevant devolved administration. In particular, are the policies, levels of payments, methods of administration entirely devolved? To what degree are your policies and or levels of payment influenced by those made in other devolved administrations, and is there any mechanism of oversight or comparison to monitor the consistency of policy and awards made across the devolved administrations?**

NHSBSA response

NHSBSA is directed by the Secretary of State for Health and Social Care to administer EIBSS. DHSC Emergency Preparedness and Health Protection Policy team oversee the scheme administration through an accountability framework with NHSBSA; this arrangement has existed since 1 November 2017.

NHSBSA operate the scheme as directed and within policy determined by DHSC; with a focus on delivering a fair and transparent scheme to beneficiaries who rely on the support provided. In this regard, NHSBSA has designed processes around the beneficiary's needs, through engagement activities, and has a commitment to continuously review and improve the service where opportunities are identified.

As DHSC set the policy for the scheme, it will be for DHSC to respond on any influence the devolved administration schemes may have on their policy listed below:

- The level of payment provided to infected beneficiaries relating to their infection.
- The level of payment provided to bereaved partners of the scheme (one-off bereavement payments).
- The level of discretionary income top-up support provided to beneficiaries\*.
- The types of one-off discretionary payments and other support provided to beneficiaries\*.

\*DHSC instructed NHSBSA to review payments in these categories by the previous administrators in order to combine them under one framework for consistency and fairness, with an aim that no beneficiaries would be worse off. The review was then shared with DHSC in order to determine the revised DHSC policy for this aspect of the scheme. This formed the revised discretionary scheme for EIBSS.

A Memorandum of Understanding is held between DHSC and NHSBSA that describes the relationship and responsibilities of both parties. A service specification is also in place that describes the service being delivered in detail as well as the Key Performance Indicators. Both agreements are reviewed annually; quarterly accountability meetings are held in addition to monthly operational performance review meetings.

**c. Outline any reviews or consultations which the scheme has undertaken about its policies or levels of payment;**

NHSBSA response

During 2017/18 following direction from DHSC, NHSBSA carried out a review of the discretionary payment schemes provided by AH organisations. As the discretionary schemes were set up at different times by the different scheme administrators and different criteria were used to calculate entitlement and payments. The review was undertaken to bring consistency of discretionary payments made to beneficiaries.

In January 2018, NHSBSA invited all beneficiaries to participate in the discretionary payments review; through an online survey, telephone survey and focus group. 255 beneficiaries responded to the surveys and two focus groups were held (one in London and one in Manchester) to capture beneficiary feedback and insight on the then current discretionary schemes and to help NHSBSA design a single, revised discretionary scheme around the beneficiaries needs. The revised discretionary scheme was rolled out from August 2018.

NHSBSA has held two further focus groups with beneficiaries to gain feedback on their experiences and views with EIBSS. NHSBSA will continue to hold focus groups, with the next one planned at the end of November 2018, to explore opportunities to improve its administration.

At the request of the Minister responsible, Jackie Doyle-Price, NHSBSA has attended and presented verbal updates to two All Party Parliamentary Groups on haemophilia and contaminated blood. NHSBSA have answered questions within the structure of the session and spoke with beneficiaries at the end of the session.

**d. Outline the processes by which the scheme has facilitated the transition from Alliance House Organisation model of trusts and scheme to the current arrangements;**

NHSBSA response

Prior to the inception of EIBSS, NHSBSA agreed a strategy with DHSC and AH to transfer the details of registered beneficiaries, where beneficiary consent was received by AH.

On 1 November 2017, NHSBSA continued the model of payments as administered by AH organisations; payments to beneficiaries were continued at the same level as previously agreed. Annual payments increased at the instruction of DHSC in April 2018.

At the same time, NHSBSA implemented DHSC formulated, Special Category Mechanism (SCM). SCM policy was formulated prior to NHSBSA administering the scheme; however NHSBSA worked with DHSC on how to administer this policy. Throughout the set-up and introduction of SCM, NHSBSA consulted with DHSC and medical experts in place from AH, to create the SCM application form using criteria outlined in the DHSC public consultation. NHSBSA invited beneficiaries (with the application form) who were registered with hepatitis C stage 1 to make a SCM application.

A one-off £10,000 payment for bereaved partners and spouses was maintained from the previous administrators.

In order to facilitate the transition from AH to EIBSS discretionary payment scheme, AH models for discretionary payments, including income top-up payments, remained in place until the revised single scheme was established in August 2018.

NHSBSA communicated the new discretionary payment scheme to beneficiaries in June 2018. NHSBSA invited beneficiaries receiving discretionary income top-up payments, to apply for the new scheme.



### **3. Please explain:**

**a. The position of your scheme within the structure of the NHS Business Services Authority for your devolved administration. To whom does the scheme report? What is the scheme's relationship with that authority?**

#### NHSBSA response

NHSBSA administers EIBSS on direction from the Secretary of State for Health and Social Care. The service is delivered with an accountability and reporting arrangement with DHSC. The senior official who NHSBSA manages the accountability on behalf of DHSC is Ailsa Wight, Deputy Director of Emergency Preparedness and Health Protection Policy.

EIBSS operates within the Citizen Services directorate at the NHSBSA, which is the public facing directorate that delivers services to a wide range of beneficiaries, patients and customers. The Director of Citizen Services reports to the NHSBSA Chief Executive and is a member of the NHSBSA Board.

**b. What provisions and policies are in place for funding your scheme? Who determines the level of funding, how is this determined, and what level of funding is presently (i) guaranteed, or (ii) anticipated for the future?**

#### NHSBSA response

DHSC provides the funding for all EIBSS payments and for the scheme administration. DHSC determines the level of funding and what is guaranteed and what is anticipated for the future. NHSBSA provides DHSC with regular reporting on all financial elements of the scheme so that DHSC can forecast future requirements relating to funding.

Notification of annual funding is provided to NHSBSA at the beginning of the financial year. This year's funding allowance was provided to NHSBSA in April by DHSC.

## C – Number of beneficiaries

### 4. Please provide a table setting out the following:

a. How many beneficiaries are registered to receive support, how many are in the process of registering. Of these:

i. How many were previously registered with the Alliance House Organisations, and which Alliance House Organisation in particular;

#### NHSBSA response

Current beneficiaries registered to receive support through EIBSS including all newly registered beneficiaries since the scheme inception:

<b>Beneficiaries registered to receive support*</b>	<b>In the process of registering/application part-complete</b>
2983	33

\*‘registered to receive support’ does not include payments made to an estate. These figures are reduced overall due to numbers of beneficiaries now deceased, so will not match with the total of beneficiaries who have transferred and those newly applying since the inception of EIBSS.

Details of numbers of beneficiaries who transferred from AH to NHSBSA:

<b>AH organisation</b>	<b>Previously registered</b>	<b>In process of registering</b>
Skipton Fund	2443	6
Caxton Foundation	922	0
Macfarlane Trust	483	0
MFET Ltd	303	0
Eileen Trust	20	0
Number of individual beneficiaries	2937	6

Beneficiaries could be registered with up to three different schemes.

The table below details the number of beneficiaries whose details were transferred to NHSBSA on or before 1 November 2017, and the number of beneficiaries whose details were transferred after the inception date following late consent being given.

ii. How many were automatically transferred during the 2017 transition, and many have since registered (i.e., how many are new applicants);

#### NHSBSA response

No beneficiary details were automatically transferred. Details were transferred to NHSBSA following AH receiving consent from registered beneficiaries.

Breakdown of when beneficiary details were transferred to EIBSS:

AH organisation	Transferred on or before 1 November 2017	Transferred after 1 November 2017	Total transferred
Skipton Fund	2392	51	2443
Caxton Foundation	908	14	922
Macfarlane Trust	458	25	483
MFET Ltd	301	2	303
Eileen Trust	20	0	20
<b>Total</b>	<b>4079</b>	<b>92</b>	<b>4171</b>

Since the inception of EIBSS, on 1 November 2017, there have been 40 successful new applications/registrations into the scheme.

**b. Please indicate how many individuals are in each category of beneficiaries (i.e., HIV, HCV Stage 1, HCV Stage 2, family of deceased beneficiary (distinguishing spouse or children), etc.).**

NHSBSA response

			Also in receipt of Income Top-Up
<b>Mono infected</b>	Hepatitis C stage 1	1170	243
	Hepatitis C stage 2	581	176
	HIV	64	39
	SCM	510	209
<b>Co-infected</b>	Hepatitis C stage 1 / HIV	180	85
	Hepatitis C stage 2 / HIV	60	36
	SCM / HIV	84	67
<b>Bereaved</b>	Bereaved Partner/Spouse	417	162
	Bereaved child	1 receives child supplement*	0

\*The carer/guardian of one bereaved child is only in receipt of a child supplement payment and was not in receipt of income top-up amount. Lump sum payments are only made when beneficiaries are successful at any stage as outlined below.

**c. Please indicate how many receive lump-sum payments, on-going payments, discretionary payments, and/or some combination of these.**

NHSBSA response

Lump sum and regular monthly payment	Lump sum, regular monthly payment and monthly income top-up	One-off discretionary and monthly income top-up	One-off discretionary only
1794	855	162	256

**d. Please state what if any steps you take to identify those who may be eligible for payments.**

NHSBSA response

NHSBSA engages with known relevant stakeholders, such as Haemophilia Society and the Hepatitis C Trust in order to ensure they signpost any potential new applicants to EIBSS.

## D – Determining eligibility

### 5. Please explain how claimants' eligibility is determined, including change of circumstances, setting out:

#### a. Who is the decision maker;

##### NHSBSA response

DHSC set the criteria and policy on scheme eligibility which is set out in the specification document.

Following an application being made, independent medical experts consider evidence provided in order to determine eligibility for payments through EIBSS as a result of the applicant's medical condition.

For discretionary income top-up payments, a set criterion is used to determine eligibility. Beneficiaries are asked to support any application with evidence of relevant income; members of EIBSS team will assess and determine payments accordingly.

For one-off discretionary payments, the criteria for each payment are set out on the website <https://www.nhsbsa.nhs.uk/support-scheme-members/discretionary-support-scheme> and on publications therein.

#### b. How eligibility deriving from previous registration with the Alliance House Organisations has been determined;

##### NHSBSA response

In readiness for EIBSS transferring to NHSBSA on 1 November 2017, AH wrote to all registered beneficiaries to ask for consent to transfer their personal data to NHSBSA. This data included eligibility determined by the former schemes, including medical condition-related payments and income top-up payments. Following inception of EIBSS on 1 November 2017, NHSBSA continued to work with AH to obtain missing beneficiary information, where beneficiary consent had been received at a later date; this collaboration concluded at the end of March 2018.

AH would not transfer beneficiary's details without written consent and appointed a legal firm to retain data and any assets remaining after the dissolution of the organisations. NHSBSA are approaching the legal firm holding data of any beneficiaries whose details have not transferred to see if there is the appropriate legal gateway to facilitate the transfer.

#### c. Your policies in respect of standards, and burden of proof required of applicants for various entitlements;

##### NHSBSA response

As described above, policy is set by DHSC and is detailed in the specification document.

The burden of proof for medical applications is on the applicant and a decision is made by an independent medical expert on the balance of probabilities that the person was infected

with HIV and/or hepatitis C stemming from treatment with NHS supplied blood or blood products prior to September 1991.

For the application for a lump sum payment for bereaved spouses/partners; proof is required that they were living with their partner/spouse at the time of death and that the infection with HIV and/or hepatitis C contributed to the death of their partner/spouse.

For income top-up applications, beneficiaries are required to provide proof of their household income. This may be in the form of bank statements, payslips, benefit award letters or other supporting evidence of income.

For one-off applications, the proof required depends on the application type. In some cases a medical need has to be determined. Some discretionary support, such as access to a welfare adviser, would be given without any evidence required.

**d. Your statistics as to how many applications have been granted and how many have been refused or amended;**

**e. Provide a schedule of all applications received since the establishment of your service, indicating what entitlement was claimed and whether the award was granted, declined, or is under consideration / review;**

NHSBSA response to d. and e.

All applications received by type since the inception of the scheme (figures correct as at 30 September 2018).

<b>Application type</b>	<b>Under review</b>	<b>Approved</b>	<b>Declined</b>	<b>Declined Reason</b>
Hepatitis C stage 1 payments	28	40	18	2 - IV drug use as an overriding factor 2 - Lack of chronic infection 14 - Lack of evidence of transfusion
Hepatitis C stage 2 payments	7	57	16	Not probable Cirrhosis in all cases
HIV payments	1	0	5	1 - Not probable that infection occurred in England 1 - Not probable that infection occurred in NHS 1 - Lack of evidence of blood transfusion 1 - No evidence of HIV diagnosis 1 - Low CD4 count (less than 1%) suggests long standing infection (prior to receipt of transfusion)

SCM payments	24	600	182	5 - qualified for Stage 2 139 - lack of evidence to conclude that the condition is attributable to Hep C 38 - Lack of evidence that the condition is having long term impact on day to day activities
Income top-up payments	0	982	42	Over threshold
Discretionary one-off payments	63	256	72	Not covered under the scheme

**f. Please explain your appeals and complaints procedure.**

NHSBSA response

The appeals procedure is set out in the specification document. In summary; for medical condition-based applications, applicants may appeal to NHSBSA to reconsider the decision. All appeals are heard by a panel of three medical experts retained from AH organisations, with a legal chairperson to chair any appeal meetings. The appeal is heard based on evidence provided by the applicant as part of their application and any supplementary evidence that has been submitted prior to appeal. The outcome of the appeal will be made no later than 30 working days after an applicant has appealed and will be communicated in writing. This outcome may be successful, unsuccessful, or the applicant may be asked to seek further medical evidence from a medical professional.

NHSBSA complaints procedure covers EIBSS, which can be viewed using the following link; <https://www.nhsbsa.nhs.uk/contact-us/complaints>.

## E – Payments made

### 6. Please provide:

a. A spread-sheet illustrating what payments can be made to beneficiaries and at what level, commenting where appropriate on these where they require additional explanation, for example, where these are means-tested set out the applicable threshold; where they are index-linked (or similar) please explain.

#### NHSBSA response

Non-discretionary payments:

<b>Non-discretionary payment type</b>	<b>Lump Sum (£)</b>	<b>Regular Monthly payment (£)</b>
Hepatitis C stage 1	20,000	1x333.37 plus 11x333.33
Hepatitis C stage 2	50,000	1,500.00
SCM	No	1,500.00
HIV (infected child under 18 years old)	41,500	1,500.00
HIV (single adult no dependants)	43,500	1,500.00
HIV (married adult no dependents)	52,000	1,500.00
HIV (infected person with dependent children)	80,500	1,500.00
HIV (infected intimate)	23,500	1,500.00
HIV (child infected by beneficiary or infected intimate)	23,500	1,500.00

All beneficiaries and bereaved partners/spouses are entitled to a winter fuel payment of £519 for the 2018/19 financial year which will be paid 1 December 2018. Some beneficiaries may receive a combination of hepatitis C stage 1 and HIV, hepatitis C stage 2 and HIV, or SCM and HIV payments due to being infected with both hepatitis C and HIV. For bereaved partners/spouses, they may apply for a one-off lump sum payment; a bereavement payment of £10,000 is payable to a cohabiting spouse or partner of a deceased primary beneficiary where hepatitis C and/or HIV was a contributing factor towards the death.



Discretionary payments:

Discretionary payments are based on individual circumstances. The tables below outline this support.

**Income Top-up Support for Infected Beneficiaries**

Discretionary payments for Infected Beneficiaries	
Household income bracket	Monthly top-up payment
£0 - £7,600	£479
£7,601- £15,200	£362
£15,201-£22,750	£245
£22,751-£30,000	£134
£30,001-£37,900	£64

**Income Top-up Support for Bereaved Beneficiaries**

Discretionary payments for bereaved partners/spouses	
Household income bracket	Monthly top-up payments
£3,000 or less	£1,417
£3,001-£4,000	£1,333
£4,001-£5,000	£1,250
£5,001-£6,000	£1,167
£6,001-£7,000	£1,083
£7,001-£8,000	£1,000
£8,001-£9,000	£917
£9,001-£10,000	£833
£10,001-£11,000	£750
£11,001-£12,000	£667
£12,001-£13,000	£583
£13,001-£14,000	£500
£14,001-£15,000	£417
£15,001-£16,000	£333
£16,001-£17,000	£250
£17,001-£18,000	£167
£18,001-£19,000	£83
£19,001 or more	£0

Child supplement	Monthly rate per child
First child	£250
Per subsequent child	£100

Child supplements are only payable to bereaved children (orphaned) or to beneficiaries with children who are eligible for an income top-up payment.

## Types of payment and index-linking

Payment type	Index-linked (Y/N)
Hepatitis C stage 1	Y
Hepatitis C stage 2	Y
HIV	Y
SCM	Y
Income top-up	N
Discretionary one-off	N
Winter fuel	Y

The payments that are index-linked above are updated yearly (every April). DHSC set any increase and communicated annually to beneficiaries.

**b. To the extent that this is not reflected in your schedule, an explanation to what degree a beneficiary's circumstances and household income affects the payments they receive.**

### NHSBSA response

As above, a beneficiary's household income will affect whether or not they will receive any income top-up payment.

**c. An explanation as how to the policies for quantum for payments to beneficiaries (fixed, on-going, discretionary) has been determined. Did you receive expert medical evidence and or consult the beneficiary community in setting the level of payments? Did you receive any other external advice?**

### NHSBSA response

How policy has been determined:

DHSC set the policy for payments for medical condition-related payments, bereavement payments and discretionary payments. NHSBSA recently reviewed the discretionary payments schemes acquired from AH organisations to determine the level of payments being made to beneficiaries. At the time, there had been Ministerial commitment to ensure that beneficiaries did not lose out, which was one of the key aims behind the review. NHSBSA applied this instruction to ensure that this was the case for the majority of beneficiaries, however, without detailed information on the income of all beneficiaries currently receiving support this was not guaranteed. NHSBSA reported to DHSC on its findings and DHSC approved the current discretionary payments policy.

Consultation of beneficiaries/others:

DHSC had previously consulted beneficiaries on discretionary support and considered key elements of the discretionary scheme which they required should remain. All of these elements were factored into the new discretionary payments scheme proposals and approved by DHSC.

NHSBSA also spoke with beneficiaries when reviewing key elements of the scheme for their feedback.

d. Please set out the amount paid by your scheme on a quarterly basis and any projections for payments to be made in the future.

# NHSBSA response

## EIBSS Quarterly Expenditure from November 2017 to September 2018 and forecast to March 2019

	Actual Nov - Dec 17 £000	Actual Jan - Mar 18 £000	Actual Apr - Jun 18 £000	Actual Jul - Sep 18 £000	Forecast Oct - Dec 18 £000	Forecast Jan - Mar 19 £000	Total £000
Hep. C Stage 1 Backdated	0	211	128	78	99	99	613
Hep. C Stage 1 Estate	0	20	60	0	40	40	161
Hep. C Stage 1 One-off	0	380	580	320	480	480	2,200
Hep. C Stage 1 Regular	574	1,400	1,349	1,282	1,285	1,309	7,179
Hep. C Stage 2 Backdated	0	136	161	54	45	45	440
Hep. C Stage 2 Estate	0	34	0	0	0	0	34
Hep. C Stage 2 One off	200	700	850	850	900	900	4,400
Hep. C Stage 2 Regular	1,270	2,335	2,807	2,871	2,925	2,968	15,172
HIV Backdated	0	3	0	-2	0	0	1
HIV Regular	607	1,151	1,367	1,358	1,368	1,368	7,219
Special Cat. Mech. Backdated	0	2,598	758	135	0	0	3,492
Special Category Mechanism Regular	0	435	2,309	2,616	2,615	2,615	10,589
Winter Fuel Payment	1,327	47	17	1	1,505	0	2,897
<b>1. Non Discretionary</b>	<b>3,978</b>	<b>9,430</b>	<b>10,362</b>	<b>9,542</b>	<b>11,262</b>	<b>8,821</b>	<b>54,385</b>
Adaptions to accommodation	0	0	0	3	1	1	4
Benefits & Money Man. Advice	0	1	0	0	0	0	1
Bereaved Payment	30	150	130	70	90	90	580
Child supplement	0	0	0	70	131	131	331
Child supplement backdated	0	0	0	104	0	0	104
Counselling	0	0	0	1	1	1	3
Dental	0	1	0	2	1	1	6
Discretionary Payments	0	7	0	2	0	0	9
Financial assistance	0	1	5	-2	2	2	8
Funeral grant	9	65	47	51	42	35	248
Funeral plan	0	0	0	14	0	0	14
Hospital travel costs	0	0	0	0	0	0	1
Household repairs	0	0	0	4	0	0	4
Income Top-up	431	586	585	832	1,155	1,232	4,822
Income Top-up Backdated	0	2	2	781	0	0	785
Mobility Aids & Equipment	0	2	3	9	2	2	17
PPC	0	0	0	0	0	0	0
Respite break	0	5	3	2	2	2	13
Support Payment – Medical Expenses	0	2	1	1	1	1	6
Winter Fuel Payment	0	0	0	0	213	0	213
<b>2. Discretionary</b>	<b>470</b>	<b>822</b>	<b>776</b>	<b>1,944</b>	<b>1,428</b>	<b>1,467</b>	<b>7,152</b>
<b>Total spend</b>	<b>4,449</b>	<b>10,253</b>	<b>11,138</b>	<b>11,486</b>	<b>12,690</b>	<b>11,318</b>	<b>61,547</b>

16 November 2018

## F - Applications refused

### 7. Please provide:

**e. A spread-sheet setting out all the applications that have been refused, together with the reason for the refusal.**

NHSBSA response

Supplied in previous answer to 5.d.

**f. Please see below table on applications that have been appealed at each stage and the outcome.**

NHSBSA response

<b>Appeals</b>	<b>Total</b>	<b>Upheld*</b>	<b>Overturned</b>
Stage 1	36	32	4
Stage 2	2	2	0
HIV	2	2	0
SCM	31	25	6

\*Upheld means the original outcome was confirmed and overturned is where the outcome has changed.

16 November 2018