

GUIDANCE NOTES

FORM M

APPLICATION TO RECEIVE CHRONIC HEPATITIS C
PAYMENTS

GUIDANCE NOTES FOR APPLICANTS

If you want to apply for an annual payment, you will need to tell us in this form how having Hepatitis C (HCV) affects your daily life by picking one of three options. It may be that you are **moderately affected** or **severely affected** by having Hepatitis C. Or it may be that it does not have a day to day impact on your life. This is called having **no noticeable day to day impact** on your life. Please note: Please note: if wish to re-assess your category, we require a supporting letter from a medical practitioner, such as a GP, to be submitted alongside this form.

Among its conclusions, the Clinical Review of the impacts of chronic hepatitis C found compelling evidence indicating that the mental health (particularly depression, anxiety and self-worth), and thus the quality of life, of some people with chronic hepatitis C is impaired considerably; this form refers to mental health problems in that context. If you are not sure how your daily life is affected, some more information is provided below or please visit our website for more detailed guidance at www.nhsnss.org/sibss. The guidance also gives more details on eligibility and for people who claim either income top-up support or the living costs supplement (or both). If you are unsure which category most applies to you, SIBSS staff can help you on completing the form.

The Clinical Review referred to current impacts and the legacy of past impacts. Annual payments are there to support you with living costs, for example if you struggle to work or to work full-time due to the effects of hepatitis C (HCV) on your health. We need to know how this affects your daily life now, rather than in the past.

We understand that having hepatitis C may have had a permanent effect on your life if it, for example, affected your career and earnings, led to a relationship breaking up or had a big impact on your family life. It may not be possible to know for certain if your family life or career would have been very different if you were not infected with HCV. But if you are sure that HCV has had a negative impact on your daily life now, please include this when you pick the option that most describes you.

You will not be asked to provide evidence to support how your daily life has been affected; however, you are required to complete the Additional Information box in Section 3. The SIBSS scheme may do some further checks on a small number of applications to make sure funds are allocated fairly, but in most cases this will not be needed.

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GUIDANCE ON THE THREE CATEGORIES IN THIS FORM

This guidance gives some examples to help you decide which category you may be in, but cannot consider every possible impact or circumstance.

My life is severely affected by Hepatitis C

You should tick this box if your Hepatitis C still has a **significant impact on your ability to carry out routine daily activities**, such as for example at least one of these statements applies to you:

- You are unable to work due to the impact of mental health problems.
- You are only able to work part-time due to mental health problems.
- You had to leave a previous better job, job role or career due to mental health problems. This could also include cases where your earnings have reduced as a result of your mental health problems.
- Your mental health problems have directly resulted in the breakdown of your marriage or other serious relationship and this is still having significant effect on your life.
- Your mental health problems make it very difficult for you to leave your home or socialise with other people (either all the time or this happens quite often).
- You are unable to work full-time or carry out day to day activities due to physical health impacts caused by hepatitis C – see examples in the guidance on the SIBSS website of some conditions that may be caused by hepatitis C or interferon treatment.

Where we refer to mental health problems, this means problems such as depression, anxiety or low self-worth which are caused by your hepatitis C, but it could also include associated mental fatigue.

It is recognised that there could be ongoing physical health impacts (other than due to liver conditions). In order to tick this box, you need to be confident that there is a significant impact on your daily life, caused by your hepatitis C. The guidance on the SIBSS website on chronic HCV regular payments gives more information on the types of physical conditions which can be caused by HCV or by interferon treatment.

My life is moderately affected by Hepatitis C

You should tick this box if you have some mental health problems due to your HCV or stigma caused by having HCV, but this does not now significantly affect your ability to work, leave your home or manage day to day activities, such as shopping. You might also tick this box if you took decisions because of having HCV that have affected your relationships and family life or your work. This could include cases where:

- you do not have a relationship or children because, for example, you chose to end a serious relationship because of your infection or decided not to have any children because you had HCV or

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- you felt unable to apply for a promotion at work as a result of your HCV, where there was a good chance that you would have secured the promotion.

You can also take account of ongoing physical health impacts of your HCV where your doctor or nurse has advised you that there is a strong chance these have been caused by your HCV. These would apply as moderately affected where your physical condition does impact on your life to some extent, but does not prevent you from carrying out day to day activities.

Therefore, if hepatitis C does have a noticeable impact on your life, but the impacts are less serious than for the severely affected category, it is likely that you will be in the 'moderately affected' category.

Hepatitis C does not have a noticeable day to day impact on my daily life

You should tick this box if you do not have significant ongoing mental or physical health impacts caused by your HCV. This may include a situation where you have suffered significant impacts in the past, but where these are no longer affecting your day to day life. It might also include a situation where you still have some ongoing impacts, for example, due to stigma or in accessing insurance products, but where these issues only occur occasionally and don't have a constant impact on your life. It may also include a situation where you spontaneously cleared the virus after the point of becoming chronically infected.

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SECTION 1 DATA PROTECTION AND APPLICANT'S DECLARATION

✓ Please tick to confirm

I understand that data I provide may be shared with NHS service providers to verify I have been infected with Hepatitis C from treatment with blood/blood products and NHS Counter Fraud Services to ensure accurate, timely payments, appropriate administration of public funds and for the purposes of prevention, detection and investigation of fraud.

DECLARATION BY APPLICANT

I agree that the information I give on this form is complete and correct.

I agree to repay any money I receive to which it is found that I am no longer entitled.

I understand if I knowingly give wrong or incomplete information I may be subject to court proceedings.

I have not received payment from any other UK scheme since April 2017 as a result of my Hepatitis C infection.

I am not currently in prison and will inform the Scottish Infected Blood Support Scheme if I am imprisoned in future.

I am aware that NHS National Services Scotland may obtain any data held on me by the Skipton Fund, the Caxton Foundation or any other current UK support scheme for the purposes of providing me with financial support.

I understand that NHS National Services Scotland may require to access data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application.

Signature of
Applicant

Date

HOW WE USE YOUR INFORMATION

Under the Data Protection Act 2018, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data.

We only collect essential personal information required to process applications and make payments under the Scottish Infected Blood Support Scheme. This includes:

- Your demographic information, contact telephone number, email address, marital status, National Insurance number and CHI number (this is a national database of all patients with NHSScotland, which ensures correct identification of patients).

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- Details of your healthcare providers and the care you have received.
- Bank account details.

Information can be found on the Practitioner Services Data Protection Notice published on the NSS website.

<https://nhsnss.org/services/practitioner/data-protection>

SECTION 2 **APPLICANT DETAILS**

What is your SIBSS reference number?

X	S	B					
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Title

First Name

Middle Name(s)

Surname

Previous Names

Address

Post Code

Home Telephone

Mobile Telephone

E-Mail Address

Date of Birth

What is your marital status (optional)?

Tick One Option Below	✓
Married	
Civil Partnership	
Widowed	
Divorced	
Separated	
Single	
Living with Partner	

How did you become infected with HCV (optional):

Tick one option below

Through blood products (for haemophilia or another bleeding disorder)	✓
Through a blood transfusion or tissue transplant	
I was infected by a partner or family member	
Other	

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If other please add details:

SECTION 3 | **APPLICANT SELF-ASSESSMENT**

Please tick only one of the following boxes. Refer to the guidance notes for this form to help you select which option most fits your circumstances.

My life is severely affected by my Hepatitis C (HCV).

My life is moderately affected by my Hepatitis C (HCV).

Hepatitis C does not have a noticeable day to day impact on my life, but I wish to receive the living costs supplement.

Mandatory Additional Information (Please include examples of the affect on your life)

