

DH Specification – Infected Blood Scheme Administration Services	
Contract Purpose	<p>The Scheme Administrator role is to: manage and operate a scheme of financial and other assistance to eligible individuals infected with HIV and/or hepatitis C via NHS-supplied blood or blood products, their eligible intimates, bereaved partners/spouses and other family members in line with policies and criteria set by the Department of Health in England and as set out in the consultation response. (This may include operation of the same scheme in Wales and Northern Ireland, subject to the decisions of Ministers in those administrations- we anticipate that this would be known prior to the issue of the Invitation To Tender (ITT).)</p> <p>The main components of the scheme will be to:</p> <ul style="list-style-type: none"> • Administer annual payments; • Administer lump sum payments; • Administer discretionary payments, some elements will be means tested (further information will be provided with the ITT) • Assess new applications for scheme membership against defined criteria (Annex A contains the current eligibility criteria), and make decisions on whether applicants qualify, and what payment they qualify for; plus an appeal mechanism for use by applicants who were rejected and wish to challenge that decisions; • Telephone support to answer queries about entitlement to annual payments/discretionary support, signposting to other services (such as money management advice, counselling etc.); and • Establish and oversee an independent mechanism to deal with appeals against application decisions. <p>During the period 2017/18-2020/21 the scheme will have a budget of approximately £186m.</p> <p>There are currently approximately 3500 individuals registered with the existing schemes who will be covered by the scheme reforms in England. (There are 194 individuals who will be covered by the Welsh scheme and 104 who will be covered by the Northern Irish scheme.)</p>
Background	<p>Since 1988, successive governments have set up a number of schemes at different times to provide financial and other support for those infected with hepatitis C and/or HIV through NHS supplied blood or blood products. There are currently five schemes that make payments. The schemes are MFET Ltd, the Macfarlane Trust, The Eileen Trust, the Skipton Fund Ltd and the Caxton Foundation. Payments by MFET Ltd and the Skipton Fund Ltd are made in respect of infected persons. The Macfarlane Trust, Eileen Trust and Caxton Foundation are charities that support both infected persons and uninfected family members, including the bereaved. Each of the charities makes different discretionary payments using their own</p>

	<p>criteria. Different arrangements are in place for patients whose disease has progressed to advanced liver disease (Hepatitis C Stage 2) from those with chronic infection without cirrhosis (Hepatitis C Stage 1).</p> <p>The five schemes were set up to cover the whole UK but we are now moving to country-specific arrangements with Scotland setting up their own scheme from 2017/18 and Wales and Northern Ireland considering their positions.</p> <p>All payments are ex-gratia, which means they are funded voluntarily by Government. Payments are not taxable and do not affect a person's entitlement to any state benefits.</p> <p>In January 2016 a consultation on reforming the schemes in England was launched. In July 2016 the post consultation decision was announced¹. The full consultation response document and relevant additional papers can be located here: https://www.gov.uk/government/consultations/infected-blood-reform-of-financial-and-other-support</p>
Services	
Administer payments to beneficiaries	<p>Annual and lump sum payments - Payment amounts are set out in Annex B.</p> <ul style="list-style-type: none"> - Make annual payments to those with HIV or hepatitis C stage 2, those co-infected with HIV and hepatitis C stage 1, those co-infected with HIV and hepatitis C stage 2² and those with hepatitis C stage 1. - Those receiving annual payments have the option of receiving payments quarterly or monthly in arrears and this will continue. Each of the annual payments includes £500 as a winter fuel payment. This amount should be paid to the registrants early in Q4. - Process applications from new individuals who wish to join the scheme (individuals may have HIV, hepatitis C or both) and administration of appropriate lump sums, and annual payments. Approximately 20 new people with hepatitis C apply each year; however this number may be higher in 2017/18 due to the increased publicity around the consultation. We receive approximately 5 new HIV applications per year. Information on all applications should be recorded on the database regardless of outcome - Process applications from those whose with advanced hepatitis C stage 1 disease who have progressed to stage 2 disease according to set criteria for progression and provide them with lump sum payment in appropriate. Approximately 60 people progress to hepatitis C stage 2

¹ In March 2016 the Scottish Government announced their plans for a reformed scheme, they have since confirmed that they will be appointing their own scheme administrator.

² Currently beneficiaries who are co-infected receive one payment from MFET for the HIV infection, and one payment from Skipton for the hep C infection, if applicable. We expect that the new scheme will provide one payment to cover both infections as per the amounts set out here.

	<p>each year but this number will change as the new hepatitis C treatments are rolled out.</p> <ul style="list-style-type: none"> - Applications (successful or not) should be recorded in the individual's file – with information on why unsuccessful if relevant. KPIs will measure length of time between application and communication of outcome. - Process applications made by stage 1s under the new Special Category Mechanism which is currently under development (The process can be found at annex C) This process will apply to all of those at stage 1 who are eligible to apply. Currently there are 2488 people registered with hepatitis C stage 1 who may wish to apply under this process. - Provide distinct mechanisms by which people can appeal either (i) their application to join the scheme, (ii) the decision made following their application to move to stage 2, or (iii) under the Special Category Mechanism. The appeals method should be easy to follow and allow people to understand the decisions made. This will require setting up the process and the panels/boards, adequately qualified, who will be making the decisions. The board members should be subject experts and while DH will not appoint members however, DH may wish to reserve a right of veto. - Administration of a one-off lump sum payment to all those who were the partner or spouse of a primary beneficiary when they passed away and where infection with HIV and/or hepatitis C contributed to the death of their partner/spouse. This will apply to those newly bereaved from 2017/18 and beyond. We expect to have cleared applications from those already bereaved up to and including 2016/17 except in exceptional circumstances. <p>Discretionary payments</p> <ul style="list-style-type: none"> - Means-test applications for discretionary support against set criteria, and make the payments where eligible and funds are available . The exact amount of the discretionary support available will depend on the draw on overall costs from those elements of the scheme that are not entirely predictable, such as the Stage 2 and Special Category Mechanism. This will be for all those infected and for bereaved partners/spouses and this may include other bereaved family members. This policy is still being finalised, it will be included in the ITT. - Processing claims to repay the cost of pre-payment prescription certificates for those infected <p>Non-financial support</p> <ul style="list-style-type: none"> - Provide advocacy/support/advice/signposting to scheme beneficiaries. Given the age range of the beneficiaries, This support should be tailored as far as possible to accommodate individual needs and preferences for
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	<p>receiving information (eg website/email/telephone). This service will need to be capable of advising individuals of what they can and cannot apply for (under the ex-gratia payment scheme). Beyond that it should include provision or signposting to health advice/ financial management/debt advice/counselling and support in dealing with HMRC and DWP.</p>
Communications with scheme registrants and applicants.	<ul style="list-style-type: none"> - Contact handling – inbound and outbound via all channels, including (but not limited to) telephone calls, web, emails and post - Free phone / toll free numbers / local rate. - Minicom / textphone service. - Caller Line Identification (CLI) - Provide responses to those who contact the scheme in writing or by phone with queries or complaints within 10 working days. Complaints should be logged and tracked to ensure a response against a set KPI. Performance data should be included in the regular reports to DH. - These communications may be from infected individuals or their family, and must be dealt with confidentially and sympathetically. - Provide information to individuals on application status and outcome via post. Acknowledgement of applications should be provided within 2 working days and outcomes should be provided within 30 working days - Contact all infected individuals, by letter, once a year by [date] to confirm the amount of the annual payments for the following financial year - Contact all registered individuals, by letter, if there are any changes/updates to the scheme - There needs to be a, new, dedicated website that beneficiaries can access easily. This should provide information on: <ul style="list-style-type: none"> - Eligibility criteria for all payment types - Details of discretionary support that is available - Application forms and the ability to complete the forms online - Details of appeals processes - Any updates to the scheme as they happen - Links to sites that may provide useful advice/guidance - Contact details of the scheme - Opening hours - Staff should be available to deal with queries by phone/email/website Mon-Fri 9am-5pm, shorter opening hours are acceptable for bank holidays (not including Christmas Day, Boxing Day and New Year's Day when the office can be closed) - Create applications forms for new applicants, applicants progressing to stage 2, applications for special category mechanism, bereaved partners/spouses, and applications for discretionary

	support. These should be available on-line and available to be posted out.
Systems	<ul style="list-style-type: none"> - Maintain database of all registrants (including address and bank details) with a record of the payment they are entitled to, payment schedule and information on any discretionary support received. This can be in any format as long as it is possible to interrogate the database within half a day of a request being submitted, for example to provide information to Parliament³. - Bidders need to be able to demonstrate that they are compliant with Cyber Essentials controls - Bidders need to be able to demonstrate compliance with data protection requirements.
Finance	<ul style="list-style-type: none"> - Appropriate systems to make payments to recipients on time, - Appropriate systems to invoice DH for the money to make payments to beneficiaries, and for administrative charges accordingly - Financial management (including keeping accounts relating to money received from DH and paid out to the beneficiaries), invoicing DH and reporting to DH (this would be done monthly for the first six months and then quarterly to demonstrate how funds are being spent as well as showing performance against KPIs) Typically DH will expect to receive forecasts of future spend in advance of the beginning of the financial year (and no later than [date]), updated forecast sheets at the end of each month to show the difference between forecasted spend and actual spend and invoices on a quarterly basis. For the first 6 months of the contract we would expect all of the above and monthly invoicing. - These invoices should be evidenced so that DH can see how the money is expected to be spent, this should use beneficiary reference numbers to demonstrate the number of payments and the amounts of each payment in a way that does not reveal personal beneficiary data
Transition	<ul style="list-style-type: none"> - Work with existing schemes to transfer relevant data from existing schemes to the new scheme - Clear communications with existing scheme registrants so they know what the new scheme administrator does and does not provide. This will be via letter but should also be available on line and there should be staff available to answer queries about this over the phone, by email and posted enquiries Mon- Fri from 9am to 5pm (excluding weekends and bank holidays – see Communications above). - Liaise with current scheme administrators to ensure any

³ DH does receive requests for information such as number of patients in each category, or number of individuals receiving a particular element of discretionary support, we need to be able to provide this information on short notice so we need the database to be able to provide accurate information quickly. This information will be anonymised.

	new registrants are in contact with the correct scheme and that their information transfers over prior to the commencement of the contract.
Location of services	<ul style="list-style-type: none"> - The infected blood payment scheme in England will make payments to beneficiaries who were infected in England, and those who were infected while serving in the armed forces. Beneficiaries are primarily based in England, but some live elsewhere in the UK or overseas. Systems will need to be able to make payments regardless of where the beneficiary now lives. - There is no specific requirement for the SA to be based in a particular location
Staff	<ul style="list-style-type: none"> - Currently scheme bodies have 8 full-time staff and one full-time Chief Executive with a temporary Finance Director, all based in London. - We consider that TUPE is likely to apply and will facilitate it being considered appropriately
Reporting and Governance	<p>For the first six months of the contract the provider must report to DH on a monthly basis on the following KPIs</p> <ul style="list-style-type: none"> - % of correspondence responded to within 5 working days - % of new applications acknowledged within 2 working days - No. of complaints received - % of complaints acknowledged within 2 working days - % of complaints responded to within 10 working days - No. of applicants who are successful at all stages - No. of applicants who are unsuccessful at all stages. <p>Reporting to DH on a quarterly basis on the following KPIs</p> <ul style="list-style-type: none"> - % of correspondence responded to within 5 working days - % of new applications acknowledged within 2 working days - % of new applications processed to completion within 30 working days - % of applications for higher payment processed and payments made to individuals within 30 working days - % of written correspondence responded to within 10 working days - % of complaints still outstanding after 10 working days - % of appeals processed and completed within 60 working days - % of annual payments made at agreed time each month - No. of applicants who are successful at all stages - No. of applicants who are unsuccessful at all stages. - No. of complaints received - % of complaints acknowledged within 2 working days - % of complaints responded to within 10 working days -

	<ul style="list-style-type: none">- Bidders need to be able to demonstrate that they operate robust systems to prevent fraud, and to identify and report fraudulent claims to the appropriate authorities and take steps to recover money. Suspected or confirmed incidents of fraud must be reported to DH as part of the routine reporting process.- Bidders should be able to demonstrate their internal governance procedures, including complaints handling, escalation, interaction with panels, reporting to DH, regular DH contact and contacts for quarterly meetings.- Annual performance and financial reports will need to be submitted to DH as soon as they are available, they should also be published on the scheme website.
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Eligibility Criteria for those with hepatitis C

First Stage Payment

The first stage payment is £20,000. In order to receive it you must have been infected with hepatitis C through treatment with NHS blood or blood products prior to September 1991, or have acquired it from someone who was. All applications are assessed on the probabilities of whether NHS blood or blood products were the source of infection.

Any UK doctor who has access to your medical records can complete the form, however, if you are registered with a centre/consultant we would recommend that you approach them first to complete the form as they will have access to test results and other information that may not be with your GP.

The key indicators for a qualifying application are:

that in all probability you received hepatitis C from NHS blood or blood products or from someone who did

and

that your blood test results show that you are currently infected with the hepatitis C virus

or

that you have received or are currently receiving treatment for hepatitis C

or

that you showed symptoms of hepatitis C after the acute phase of infection (the first 6 months) was over

Second Stage Payment

The second stage payment is £50,000. This payment is for those who have received the first stage payment and whose hepatitis C has advanced. Again this form must be completed by a doctor, preferably a treating consultant.

The key indicators for the second stage payment are:

to have undergone, or to be on the waiting list to undergo, a liver transplant

or

to have been diagnosed with primary liver cancer

or

to have been assessed as having cirrhosis based on medical evidence (e.g. biopsy results, blood tests, ultrasounds, Fibro Scan etc.).

or

to have been diagnosed with B-cell non-Hodgkin's lymphoma

Eligibility for those who contracted HIV

A. For those infected with HIV through:

- a) blood transfusion, that is the transfusion of whole blood, red cells, platelets or plasma;
- b) tissue transfer;
- c) infection through treatment with blood products of any person other than a haemophiliac (for those with bleeding disorders, see below).

This covers people without bleeding disorders and their spouses, intimates and children.

Applicants are expected to make their application within 12 months from the date a person first learned that s/he has been found HIV positive unless the primary applicant has reasonable cause for delaying the application.

Categories and lump sum payment

1. Infant: infected child under 18 years old. (£41,500)
2. Single adult: infected person who is unmarried or divorced without a dependent former spouse or widowed with no dependants. (£43,500)
3. Married adult without dependent children: Infected person without dependent children who is married, or divorced with a dependent former spouse, or over 18 years old and living with a partner. (£52,000)
4. Infected person with dependent children: (£80,500)
5. Infected intimates, i.e. persons to whom HIV infection was transmitted other than by passive antibodies, either:
 - i. by a partner or spouse who is entitled to payment under the scheme in respect of HIV transmission by blood, blood products or tissue (£23,500), or
 - ii. *in utero*, time of delivery or by breast feeding from a mother who is either entitled to payment under the scheme in respect of HIV transmission or is herself an infected intimate (as in i.) (child who is married: £23,500; other child £21,500).

The category into which a person falls is determined either:

- as on 17 February 1992, or
- the date of death if the applicant died before 17 February 1992, or
- the date when the result of the HIV test is made known to the applicant, or their parent or guardian in the case of a child (if person becomes HIV positive after 17 February 1992).

B. For haemophiliacs infected with HIV through treatment with factor VIII or IX where, on the balance of probability, that infection occurred before 13 December 1990. This also covers their spouses, intimates and children.

Applications expected to have been made by 31 December 1999 unless the applicant can show that s/he had reasonable cause for delaying their application.

Categories and payment

6. Infant: infected child under 18 years old. (£41,500)
7. Single adult: infected person who is unmarried or divorced without a dependent former spouse or widowed with no dependants. (£43,500)
8. Married adult without dependent children: Infected person without dependent children who is married, or divorced with a dependent former spouse, or over 18 years old and living with a partner. (£52,000)
9. Infected person with dependent children: Infected person with dependent children. (£80,500)
10. Infected intimates, i.e. persons to whom HIV infection was transmitted other than by passive antibodies, either:
 - iii. by a partner or spouse who is entitled to payment under the scheme in respect of HIV transmission by blood, blood products or tissue (£23,500), or
 - iv. *in utero*, time of delivery or by breast feeding from a mother who is either entitled to payment under the scheme in respect of HIV transmission or is herself an infected intimate (as in i.) (child who is married: £23,500; other child £21,500).

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- the date of death if the applicant died before 17 February 1992, or
- the date when the result of the HIV test is made known to the applicant, or their parent or guardian in the case of a child (if person becomes HIV positive after 17 February 1992).

Annex B**Payments to beneficiaries****1. Annual payments to beneficiaries**

Infection	No. of individuals	Annual payment in 17/18	Annual Payment in 18/19, 19/20 ad 20/21
HIV	66	£15.5k	£18.5k
Hepatitis C stage 1	2488	£3.5k	£4.5k
Hepatitis C stage 2	549	£15.5k	£18.5k
HIV and hepatitis C stage 1	176	£18.5k	£22.5k
HIV and hepatitis C stage 2	63	£30.5k	£36.5k

These payments all include £500 winter fuel payment. This payment should be made early in Q4.

2. One-off payments

Category	Amount
Individual newly registered with hepatitis C stage 1	£20k
Individual newly registered with hepatitis C stage 2	£50k
Individual newly registered with HIV	Amount dependant on circumstances as outlined above
Bereaved partner/spouse of registered infected individual	£10k (payable upon death of the infected individual)

Special Category Mechanism

This is still under development. It will involve a process for assessing beneficiaries infected with hepatitis C at stage 1. This relates to the new special appeals mechanism announced in July 2016 for those at hepatitis C stage 1 who consider that the impact of their infection may mean they could qualify for the larger annual payments.

The SA will need to be able to process applications from up to 2500 individuals (although likely to be significantly less) on paper and set up a Special Category Expert Panel to look at applications on a case-by-case basis. Further guidance will follow.

DRAFT