

GUIDANCE NOTES FOR APPLICANTS

If your spouse or partner had chronic hepatitis C (HCV), but you are not eligible for an advanced HCV payment, you can still receive widows' chronic HCV regular payments at 75% of the level your spouse or partner would be eligible for if they were still alive (if your spouse partner has only recently died, this would be 100% for the first twelve months after their death).

If your husband, wife or partner had chronic HCV and was registered with SIBSS or you are already registered with SIBSS as a widow, widower or partner you can apply as long as you meet the four criteria below.

1. You were still married to or in a civil partnership or in a long-term relationship with your spouse, civil partner or long-term partner when they died. You would normally be expected also to have been living together at that time (if you were divorced, your civil partnership had been dissolved or you were separated then you will not be eligible). For those who were not married or in a civil partnership, you should normally have been living with the person as a couple for at least a year before they died, but please contact SIBSS if you want to discuss this further. For further details, for example if you were still in a relationship, but not living together please see the guidance on the SIBSS website;
2. You have not since remarried or entered into a new civil partnership or long-term relationship living with someone else;
3. You are not currently in prison. As this payment is to help with your living costs, it is not paid while you are in prison. However, if you are in prison, you can claim these regular payments as soon as you are released;
4. If you are also infected with hepatitis C or HIV yourself, you will not be eligible for a widows annual payment as well if you are receiving regular annual payments in your own right. You can only receive one set of regular payments so you will receive whichever of the two payments is higher.

If neither you nor your spouse/partner are or were registered with SIBSS, please first contact the SIBSS staff for details on how to apply to join SIBSS.

If you want to apply for an annual payment, you will need to tell us in this form **how having hepatitis C affected your husband, wife or partner's daily life over the two year period before they died** by picking one of three options. It may be that they were **moderately affected** or **severely affected** by having hepatitis C, including the effects of past interferon treatment. Or it may be that it **did not have a noticeable day to day impact** on their life.

GUIDANCE NOTES

The Clinical Review of the impacts of chronic hepatitis C referred to current impacts and the legacy of past impacts. Among its conclusions, the Clinical Review 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 their daily life was 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 for people who claim either income top-up support or the living costs supplement (or both). If you are unsure which category most applies in your case, SIBSS staff can help you on completing the form.

We understand that having hepatitis C may have had a permanent effect on your husband, wife or partner's life if it, for example, affected their career and earnings or had a big impact on your family life. It may not be possible to know for certain if their family life or career would have been very different if they were not infected with HCV. But if you are sure that HCV had a negative impact on their daily life over the two years before they died, please include this when you pick the option that most describes them. This form is mainly looking at the impact on your husband, wife or partner, but where this had a significant, long-term impact on you as well you can take that into account – for example if you could not work for a long period or had to substantially reduce the hours you worked because you were their carer.

You will not be asked to provide evidence to support how your spouse or partner's 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.

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 husband, wife or partner's life was severely affected by Hepatitis C

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

- They were unable to work due to the impact of mental health problems.
- They were only able to work part-time (a few hours each week) due to mental health problems.
- They had to leave a previous better job, job role or career due to mental health issues. This could also include cases where their earnings reduced as a result of their mental health problems.
- Their mental health problems made it very difficult for them to leave your home or socialise with others. This could be either all the time or at least quite often.
- They were 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.

GUIDANCE NOTES

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

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

My husband, wife or partner's life was moderately affected by Hepatitis C

You should tick this box if they had some mental health problems due to their HCV or stigma caused by having HCV, but this did not significantly affect their ability to work, leave your home or manage day to day activities, such as shopping, regularly in the two year period before they died. You might also tick this box if your husband, wife or partner took decisions because of having HCV that have affected their relationships and family life or their work. This could include cases where:

- they did not have children because, for example, they chose not to have any children because they had HCV or
- they felt unable to apply for a promotion at work as a result of their HCV, where there was a good chance that they would have secured the promotion.

You can also take account of ongoing physical health impacts of their HCV before they died where their doctor or nurse had advised there that there was a strong chance the impact were caused by HCV. These would apply as moderately affected where their physical condition did impact on their life to some extent, but did not prevent them from carrying out day to day activities.

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

My husband, wife or partner's day to day life was not noticeably affected by Hepatitis C

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

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 and Counter Fraud Services to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime.

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 prosecuted.

I have not received payment from any other UK scheme since April 2017 as a result of my husband, wife or partner's 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 can obtain any data held on me or my spouse or partner 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, marital status, National Insurance number and CHI number (this is a national database of all patients with NHSScotland, which ensures correct identification of patients).
- Where applicable, details of your healthcare providers and the care you have received.
- Bank account details.

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

Please provide details of your deceased husband, wife or partner that the application relates to:

Title First Name

Middle Name(s) Surname

Date of Birth Date of Death

What was your relationship to them?

Tick One Option Below	<input checked="" type="checkbox"/>
Wife/husband	<input type="checkbox"/>
Civil partner	<input type="checkbox"/>
Long-term partner	<input type="checkbox"/>

Were you still living with this person when they died (not separated or divorced)?

Yes No

PRIVATE AND CONFIDENTIAL

If you were their long-term partner (but not married or in a civil partnership), were you in a relationship and living with them for at least twelve months before they died?

Yes No

Since they died, have you married someone else, entered into a civil partnership with someone else or are you in a long-term relationship with someone else and living with them?

Yes No

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 spouse or partner's circumstances.

My husband, wife or partner's life was **severely affected by my Hepatitis C (HCV).**

My husband, wife or partner's life was **moderately affected by my Hepatitis C (HCV).**

My husband, wife or partner's **Hepatitis C did not have a noticeable day to day impact on their life**, but I wish to receive the living costs supplement.

Mandatory Additional Information (Please include examples of the affect of HCV on your husband, wife or partner's life)