

Annex B - enhanced support for hepatitis C stage 1 – UK comparison

Introduction - enhanced support for hepatitis C Stage 1

1. As part of the UK parity announcement in March 2021, the Northern Ireland Health Minister Robin Swann gave a commitment to introduce enhanced support for hepatitis C stage 1 beneficiaries on the NI Infected Blood Payment Scheme, subject to a model for assessment of eligibility being put in place.
2. The rationale is to provide additional help with living costs for scheme beneficiaries with chronic hepatitis C (stage 1) where HCV infection or its treatment continues to have a substantial, long-term adverse impact on their quality of life affecting everyday health and wellbeing.
3. Northern Ireland is currently the only UK region which does not have some form of this additional financial support in place.
4. There are various models for enhanced support for hepatitis C stage 1 beneficiaries across the UK as set out at **appendices i – iv** in this document.
 - i. England Infected Blood Support Scheme (EIBSS) pgs 2-10;
 - ii. Scottish Infected Blood Payment Scheme (SIBSS) pgs 11-14;
 - iii. Wales Infected Blood Payment Scheme (WIBSS) pgs 15-19;
 - iv. Summary table pgs 20-22.
5. A short summary is included at the end of this document providing a simple comparison of the other UK enhanced support systems.
6. If you are reading this in hard copy and require any of the documents referred to in this paper, please contact ibit@health-ni.gov.uk or telephone 028 90520728.

England - Special Category Mechanism (SCM)

Introduction

1. The Special Category Mechanism (SCM) was announced in England in September 2017 and is for those at hepatitis C stage 1 who consider that the infection is having a substantial and long-term negative impact on their daily life.
2. It enables them to qualify for higher annual payments equivalent to those received by beneficiaries with hepatitis C stage 2.

Background

3. In July 2016, following the '*Infected blood: Reform of financial and other support*' public consultation, the Government announced a reformed package of support measures for those affected by the infected blood tragedy. As a result an additional funding of up to £125 million was made available.
4. In March 2017, following on the previous consultation, the Government initiated a further public consultation aimed at the Special Category Mechanism and other financial support in England. In summary, the proposals in relation to the Special Category Mechanism (with appeal) (SCM) were as follows:
 - i. SCM to identify hepatitis C stage 1 beneficiaries whose infection has a substantial and long term adverse impact on their ability to carry out normal daily activities;
 - ii. SCM would offer increased annual payments for a broad group of stage 1 beneficiaries, equivalent to the annual payment level for beneficiaries with HIV or hepatitis C stage 2 disease;

5. In October 2017, the Government's response to the March consultation was published, noting that 253 responses have been received. As a result, the SCM was introduced in England, enabling people with a hepatitis C stage 1 infection with a substantial and long-term negative impact on their daily lives to apply for higher annual payments, equivalent to the payments which are received by those with HIV or Hep C stage 2 infections.
6. It was further noted that the application process has been made as accessible as possible and that any reasonable costs of providing medical evidence would be reimbursed.

Eligibility

7. Beneficiaries in England with hepatitis C stage 1 can apply for the **SCM** if:
 - i. they are a successful stage 1 applicant;
 - ii. they feel the infection, its treatment or associated conditions has a substantial and long-term negative impact on their ability to carry out daily activities;
 - iii. the infection has worsened, but is not covered by the stage 2 conditions¹.
8. More specifically to qualify for SCM an individual must have one of the hepatitis C associated conditions in the table below.
9. The condition must be as a result of their hepatitis C infection or its treatment and be having a substantial and long-term adverse impact on the individual's ability to carry out daily activities.

¹ The Stage 2 conditions are: cirrhosis of the liver; primary liver cancer; B-cell non-Hodgkin's Lymphoma; type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN); have received, or are on the waiting list for, a liver transplant.

<p>A. Autoimmune disease due to, or worsened by, interferon treatment for hepatitis C, for example:</p> <p>A1 Coombes positive haemolytic anaemia</p> <p>A2 Idiopathic fibrosing alveolitis of the lung</p> <p>A3 Rheumatoid arthritis</p>
<p>B. Sporadic porphyria cutanea tarda causing photo-sensitivity with blistering.</p>
<p>C. Immune thrombocytopenic purpura, if autoimmune with antiplatelet antibodies</p>
<p>D. Type 2 or 3 mixed cryoglobulinaemia, which is accompanied by:</p> <p>D1 Cerebral vasculitis</p> <p>D2 Dermal vasculitis</p> <p>D3 Peripheral neuropathy with neuropathic pain</p>
<p>E. Affected in performing daily duties due to the infection or the treatment (including mental health problems or chronic fatigue as a result of their hepatitis C.)</p>

Criterion E

10. Under the EIBSS system, if the applicant has not been diagnosed with one of the listed conditions in A - D (above), they are eligible to apply for SCM if they suffer from **mental health** problems or **chronic fatigue** as a result of their hepatitis C, it's treatment or complications, which is impacting on their ability to carry out daily activities.

Assessment

11. The EIBSS SCM application form requires a medical practitioner to provide an overall clinical assessment of the individual's condition, this is recommended to be the applicant's hospital hepatologist doctor or viral hepatitis nurse. As part of this the medical practitioner provides an opinion on how likely it is that the individual's difficulty in carrying out daily activities is as a result of their hepatitis C, its treatment or complications. It is expected that supporting evidence from medical records would normally be provided.
12. EIBSS recognises that some of the evidence sought may be subjective and difficult for a medical practitioner to provide and some answers may require professional clinical judgment.
13. If applying under criterion E, the applicant must provide information about the impact their infection is having on their daily life as a result of mental health problems and/or chronic fatigue.
14. For those applying under criterion E, a medical practitioner must also provide information, supported by evidence from medical records, including a judgement as to how likely it is that the mental health problems and/or chronic fatigue are a result of the hepatitis C infection, its treatment or complications.
15. Upon receipt of an application under the SCM, the application is reviewed independently by two England Infected Blood Support Scheme (EIBSS) medical assessors against criteria provided by the Department of Health and Social Care (DHSC). If there is a difference of opinion as to whether the criteria have been met, an application will be referred to a third medical assessor.
16. The medical assessor will review all of the information provided to make a judgement as to whether the qualifying conditions have been met and that, on the balance of probabilities, they are the result of the applicant's hepatitis C, its treatment or complications rather than an alternative reason.

17. In doing so EIBSS medical assessors would take account of the following:

Mental health

- i. Some patients may continue to suffer severe symptoms despite viral eradication of hepatitis C and it is likely that there will be psychological factors contributing to these symptoms, for example those who have struggled emotionally to accept the diagnosis, often with associated anger and distrust and with feelings of stigmatisation.
- ii. The symptoms must be severe to the extent that the patient is unable to work or has to work reduced hours or responsibilities and struggles to carry out daily activities such as shopping, cooking and cleaning. Other psychiatric diagnoses not related to hepatitis C must have been excluded.
- iii. As approval of the payment is an indefinite agreement then it is expected that attempts at psychological treatment such as counselling and assessment of long-term prognosis have been made by an appropriately qualified specialist, usually a psychologist or psychiatrist, to see if symptoms improve. The applicant would be expected to have engaged with this assessment and treatment and provide documentation to confirm this.
- iv. In these circumstances, the medical practitioner may have to provide evidence of required treatment (e.g. anti-depressants or other therapies) as part of the overall clinical assessment.

Chronic fatigue

- v. If an applicant applies for SCM in EIBSS due to chronic fatigue, as with the other qualifying criteria, the symptoms must be severe to the extent that the patient is unable to work or has to work reduced hours

or responsibilities and struggles to carry out daily activities such as shopping, cooking and cleaning.

- vi. Usually it would be expected that fatigue and other symptoms would improve after successful antiviral therapy, therefore if an applicant was previously able to work full time and after successful antiviral therapy feels unable to work, then on the balance of probabilities the fatigue is not likely to be primarily due to the hepatitis C.
- vii. Under the EIBSS system, it is expected that the patient must have had appropriate antiviral therapy to eradicate hepatitis C before receiving the additional SCM payment, as in most cases severe fatigue and other symptoms improve with viral clearance.

Balance of probabilities

- 18. The EIBSS medical assessor must believe that on the balance of probabilities, the reported symptoms are due to the hepatitis C virus and in reaching this conclusion, consideration must be given of the duration of symptoms alongside the duration of the hepatitis C.
- 19. The EIBSS medical assessor assessing the claim may therefore wish to see evidence from the GP and/ or other specialists to confirm that alternative causes for the symptoms have been checked and excluded.
- 20. In summary, the EIBSS process of assessment is as follows:
 - i. The applicant must already be a registered member of the scheme i.e. will have already received hepatitis C stage 1 lump sum payment;
 - ii. If their condition deteriorates, the beneficiary can apply for SCM using the application form and if successful, would mean higher annual payments (equivalent to stage 2) – but does not include the additional lump sum which is payable at stage 2;

- iii. Once the completed application is received, with supporting medical practitioner's evidence, it is forwarded unredacted by a secure mail process to two independent medical assessors for assessment.
- iv. The application is assessed and the decision is reported to the processing EIBSS team, who then notify the applicant.
- v. If successful, the beneficiary will receive the higher annual payment backdated to the date of application. If unsuccessful, the applicant can re-apply if their condition has worsened.
- vi. Assessor invoices EIBSS directly for their time spent assessing, regardless of outcome.

21. You can view the EIBSS application form here: [EIBSS - Special Category Mechanism Form \(V5\) 07.2019.pdf \(nhsbsa.nhs.uk\)](https://nhsbsa.nhs.uk/eibss-special-category-mechanism-form-v5-07-2019.pdf)

Payment

22. The following table shows the annual payments in England to the different categories of claimant, including hepatitis C stage 1 with SCM (highlighted in bold).

23. NI Health Minister Robin Swann increased annual payments to the same levels as EIBSS in August 2020 and has committed to introducing enhanced support at the same rate (i.e. the hepatitis C stage 2 / HIV level).

Beneficiary	Annual non-discretionary payment (£) in England 2021/22
Hepatitis C Stage 1	18,912
Hepatitis C Stage 1 + SCM	28,680
Hepatitis C Stage 2	28,680
HIV	28,680
Co-infected Stage 1	38,928
Co-infected SCM	45,072
Co-infected Stage 2	45,072

Numbers in receipt of SCM

24. As of May 2021, around **34%** of the all hepatitis C stage 1 beneficiaries were in receipt of SCM support from EIBSS. This is broken down as follows:

- There are a total of 1,902 beneficiaries receiving stage 1 support;
- Out of 1,730 mono stage 1 beneficiaries, 564 receive SCM support and 1,166 basic stage 1 support, so the proportion of SCM within the mono infected stage 1 cohort is around 33%;
- For the 172 who are co-infected with hepatitis C stage 1 and HIV, 85 are Stage 1+HIV and 87 SCM+HIV so the proportion there around 50%.

Advantages of EIBSS SCM

25. The SCM recognises the severe impacts of the infection for individuals with hepatitis stage 1 whose condition has worsened.

26. The assessment process provides a degree of independence to the evidence base which helps ensure fairness and consistency of approach.

27. As the assessment process requires evidence from a treating clinician such as the patient's consultant, GP or specialist nurse, this makes the process more personal as the medical professional providing the evidence will already have a professional relationship with the applicant.

28. An independent assessment process provides greater assurance in terms of managing public money.

Disadvantages of EIBSS SCM

29. There has been some negative feedback from EIBSS beneficiaries in relation to the assessment process and challenges around gathering the necessary

evidence and the time it takes to assess applications. This may be because of the busy schedules of medical professionals and also the impact on some applicants feeling they need to prove themselves in revisiting the impact their condition has already had on their lives.

30. Potentially compromises the integrity of the clinician-patient relationship in the event a clinician challenges a patient's claim.

31. There are additional costs to the SCM administration including additional pressures on health professionals due to the clinician assessment required as part of the application.

32. There are additional costs relating to the independent assessment by two EIBSS medical assessors required.

Further information

33. For further information on EIBSS visit the EIBSS website at:

www.nhsbsa.nhs.uk/if-your-hepatitis-c-condition-changes

Scotland – Severely Affected Category

Introduction

1. Following the report of the Penrose Inquiry in March 2015, Scotland carried out both a Financial Review of support in general and a Clinical Review of the impacts of chronic hepatitis C. Following recommendations, Scottish Infected Blood Support Scheme (SIBSS) stage 1 hepatitis C beneficiaries self-certify falling into one of the following categories:
 - Hepatitis C stage 1 – no noticeable day to day impact;
 - Hepatitis C stage 1 – moderately affected;
 - Hepatitis C stage 1 – severely affected.

Background

2. The Scottish model was shaped by recommendations of the [Financial Review Group](#) and further by the [Clinical Review Group](#):
3. Beneficiaries in Scotland largely self-assess whether they are in the ‘severely affected’, ‘moderately affected’ or ‘no noticeable impact’ category:
4. The Scottish ‘severely affected’ category (those with chronic / stage 1 hepatitis C) is similar to the English SCM, although it does not include chronic fatigue syndrome a qualifying condition.

Eligibility

5. Under the SIBSS system, hepatitis C beneficiaries can apply for an annual payment by completing an application form and stating whether their life is severely or moderately affected by hepatitis C infection, or whether hepatitis C infection does not have a noticeable day to day impact on life.
6. The Scottish scheme provides detailed guidance for applicants which includes illustrative examples on what might count within each category:
<https://www.nss.nhs.scot/publications/sibss-guidance-and-application-forms-on-regular-payments-for-chronic-hcv-infectees-widows-ers-or-partners/>
7. In the great majority of cases, neither medical evidence nor a declaration from a health professional is required to back up the category selected.

Assessment

8. SIBSS applicants self-assess whether they are in the 'severely affected', 'moderately affected' or no 'noticeable impact' category.
9. The applicant must provide information showing examples of the impact hepatitis C has on their day to day life, using the guidance provided.
10. The majority of applications are not subject to any additional checks, though in some cases, such as instances where beneficiaries wish to change their status from 'moderately affected' to 'severely affected', a letter is required from a doctor or other medical professional to support the change.
11. Scottish beneficiaries will be asked to re-assess the impact of their hepatitis C every three years so that payments can be amended if the impact has significantly deteriorated or improved. SIBSS may carry out further checks on a small number of applications to make sure funds are allocated fairly, but in most cases this will not be needed.
12. SIBSS claims are assessed by a team at NHS National Services Scotland, who administer the scheme, in accordance with the SIBSS Scheme document and eligibility guidance.

13. You can view the SIBSS application form here:

www.nss.nhs.scot/publications/sibss-guidance-on-regular-payments-for-people-infected-with-chronic-hepatitis-c-and-their-widows-widowers-or-partners/

Payment

14. The following table shows the annual payments in Scotland to the different categories of claimant.

Payment Type	SIBSS Rate 21/22*
Chronic HCV Stage 1 (no noticeable impact)	£10,000*
Chronic HCV Stage 1 (moderately affected)	£19,456*
Chronic HCV Stage 1 (severely affected)	£29,224*
Advanced HCV (Stage 2)	£29,224*
HIV	£29,224*
Co-infected	£45,616*
Widows/widowers/partners – chronic HCV – no noticeable impact	£7,092
Widows/widower/partners – chronic HCV – moderately affected	£14,184
Widows/widower/partners – chronic HCV – severely affected	£21,510
Widows/widower/partners – advanced HCV or HIV	£21,510
Widows/widower/partners – co-infected	£33,804

**These are the same rates as EIBSS, but include the winter fuel allowance of £544 as part of the overall annual payment.*

Numbers in receipt of 'severely affected' payment

15. As of September 2021, around **49%** of the all hepatitis C stage 1 (chronic) beneficiaries were in receipt of the severely affected payment from SIBSS.

That is 166 recipients in the severely affected category from a total 337 Hep C Stage 1 beneficiaries.

Advantages of SIBSS ‘severely affected’

16. The category system recognises the varying impacts of chronic hepatitis C on beneficiaries and recognises that beneficiaries themselves are best placed to know how hepatitis C impacts on their life (or in the case of bereaved spouses / partners they understand better than others how hepatitis C impacted on their spouse / partner).
17. The system does not present any barriers to the patient-clinician relationship as the clinician is not involved in the assessment process.

Disadvantages of SIBSS ‘severely affected’

18. A very small number of beneficiaries felt that all stage 1s (those with chronic HCV) should be categorised as the highest section for payment.
19. The self-assessment approach does rely on beneficiaries’ own judgement so there is scope for individuals to interpret the severity of symptoms differently.
20. Self-assessment without medical expert opinion may not provide robust assurance of managing public money responsibly.

Further information

21. For further information on SIBSS visit the SIBSS website at:
www.nss.nhs.scot/patient-support-schemes/scottish-infected-blood-support-scheme-sibss/guide-to-the-scottish-infected-blood-support-scheme/find-further-support/.

Wales – Enhanced Hep C Stage 1+ model

Introduction

1. The Wales Infected Blood Support Scheme (WIBSS) uses an enhanced payment system known as the *'Enhanced Hep C Stage 1+ Scheme'* payment.
2. The WIBSS is structured and predicated on the provision of financial benefits, augmented by wider holistic support, tailored to the individual needs of scheme beneficiaries. This is informed and evidenced by personalised discussions conducted with benefit advisors and counsellors. It is accepted that a number of those beneficiaries at stage 1 will have experienced significant mental health and post-traumatic stress impacts associated with their experience of infection through blood or blood products transfusion.
3. The enhanced payment is equivalent to the current rate of payment for those at stage 2 hepatitis C infection and increases their level of payment from stage 1 to stage 2.

Background

4. Following the introduction of additional financial support for hepatitis C stage 1 in the schemes in England and Scotland, there was lobbying from campaigners and beneficiaries in Wales to introduce similar support on WIBSS.
5. Welsh Government officials met with those directly affected, clinicians, benefit advisers and counsellors at WIBSS to discuss additional means of support for all beneficiaries, particularly those at hepatitis C stage 1 with life impacting complications arising from their hepatitis C infection.

6. Following this, in March 2019, the Welsh Health Minister announced changes to WIBSS [Written Statement: Welsh Infected Blood Support Scheme \(WIBSS\) Enhanced support \(6 March 2019\) | GOV.WALES](#) to include the new hepatitis C stage 1+ payments, as well as introducing a psychological support service:

Eligibility

7. The enhanced + payment is payable to existing hepatitis C stage 1 beneficiaries on WIBSS who suffer from mental health or well-being symptoms which they consider to be related to their hepatitis C infection and where the mental health symptoms have an effect on their ability to carry out day to day activities.
8. The enhanced + payment on WIBSS is more simplified system than the SCM available in England, with no requirement for medical input into the application process. Beneficiaries are simply asked if they are suffering from any adverse mental health symptoms that they feel are related to their infection from contaminated blood or blood products.

Assessment

9. Under the WIBSS system, beneficiaries can apply for the enhanced + payment if they are suffering from any mental health or well-being issues or post-traumatic stress, which they feel is related to their infection from

contaminated blood or blood products and whether the symptoms are affecting their ability to carry out day to day activities.

10. If the response is “yes”, there is no need for further assessment because the person has already been harmed through their diagnosis of hepatitis C from infected blood or blood products and this is acknowledged by the Welsh government as unjust. If the answer is “no”, there will be options to re-apply in the future.
11. Therefore, if it is established that the person has contracted hepatitis C in these circumstances, the Welsh Government accepts that they are entitled to receive some redress. In effect, this means accepting any applications from hepatitis C stage 1 beneficiaries. There are principles around redress for clinical accidents that would apply as much here as in any other similar clinical situation.
12. Unlike SIBSS, there is no guidance document to provide illustrative examples of what might constitute grounds for enhanced support. According to the Social Services and Well-being (SS&WB) Act, “*the assessment starts from the presumption that an adult is best placed to judge their own well-being*”. Therefore, if a person is able to say that they are impacted by fatigue or mental distress (anxiety or low mood), then it should be accepted that is the case. If that is the case, the process aims to address both the wellbeing and financial needs of the applicant.
13. You can view the WIBSS application form here: [WIBSS-FORM-L-APPLICATION-FOR-ENHANCED-STAGE-1-PAYMENTS.pdf \(wales.nhs.uk\)](https://www.wales.nhs.uk/sites/default/files/2019-07/WIBSS-FORM-L-APPLICATION-FOR-ENHANCED-STAGE-1-PAYMENTS.pdf)

Payment

14. The following table shows the annual payments in Wales to the different categories of claimant.

Payment Type	WIBSS Rate 21/22
Hep. C stage 1	£18,912
Enhanced stage 1+	£28,680
Hep. C stage 2	£28,680
HIV	£28,680
Co-Infected (HIV and stage 1)	£38,928
Co-Infected (HIV and stage 2)	£45,072
Co-Infected (HIV and stage 1+)	£45,072

Same rates as EIBSS, SIBSS and the NI Scheme, following UK parity agreement March 2021.

Numbers in receipt of Hep C stage 1+

15. In relation to the total number of beneficiaries; the total number of hepatitis C stage 1 beneficiaries is 114 and total number in receipt of hep C stage 1+ payment is 78. This equates to around 68%. The total number of HIV & hep C stage 1 beneficiaries is 14 and the total number in receipt of HIV & hep C stage 1+ payment is 11. This equates to around 79%

Advantages of WIBSS enhanced Hep C stage 1+

16. The enhanced hep C stage 1 + payment on WIBSS is quite straightforward, with no requirement for medical input into the application process.

17. The system does not present any barriers to the 'patient/clinician relationship' as the clinician is not involved in the assessment process.

18. Self-assessment removes the need for clinical assessment and validation of claims, which might be difficult as stage 1 hepatitis C does not always cause symptoms.

Disadvantages of WIBSS enhanced Hep C stage 1+

19. Self-assessment without medical expert opinion may not provide robust assurance of managing public money responsibly.

20. Welsh officials have said that research suggests that there are wide variations in people's perceptions and expectations following such incidents. Some over-estimate their levels of disability but, equally, others under-estimate it. Therefore there may be inconsistency in terms of self-assessment of severity of symptoms.

Further information

21. For further information on WIBSS visit the WIBSS website at:

<https://wibss.wales.nhs.uk/>

UK comparison Summary

Enhanced support for Hepatitis C stage 1			
	England	Scotland	Wales
Enhanced support	Special Category Mechanism	Severely affected category	Enhanced Hep C stage 1+
Date announced	October 2017	September 2018	March 2019
Date introduced	Introduced in August 2018, backdated to April 2018.	December 2018, backdated to 1 September 2018	If claim submitted by 23/4/19, payment backdated to 1/4/18 or to date applicant first received the stage 1 payment under WIBSS, (whichever is later).
Background / rationale	Further consultation prompted by JR by a hep C stage 1 beneficiary	Financial Review Group, followed by Clinical Review Group to specifically consider the health impacts of chronic Hep C.	Changes came about following lobbying by beneficiaries after announcements of enhanced support in England & Scotland.
Consultation to develop model	Public Consultation announced March 2017. Consultation report published October 2017 included proposals in relation to SCM. 253 responses received.	Financial Review Group:- <ul style="list-style-type: none"> • Survey of beneficiaries • Five regional meetings • Private meetings offered • National meeting to discuss recommendations 	Officials met with affected, clinicians, benefit advisers and counsellors at WIBSS to discuss additional support for all beneficiaries, particularly those at S1 with life impacting complications arising from hep C.

		Clinical review involved some stakeholder groups representing the infected and affected.	
Eligibility for enhanced support	Hep C S1s eligible for SCM if hep C or treatment is having a substantial long-term impact on their ability to carry out daily activities or if infection has worsened, but is not covered by the stage 2 conditions.	Hep C S1s eligible for severely impacted payment if hep C or treatment is having a substantial long-term impact on their ability to carry out daily activities – similar to English SCM but doesn't cover chronic fatigue syndrome	Hep C S1s eligible for Enhanced Hep C stage 1+ if suffering from mental health symptoms related to hep C infection and where symptoms have an effect on ability to carry out day to day activities.
Application/assessment process	<p>Clinical assessment</p> <p>Applicants must: satisfy S1 criteria; not fulfil S2 criteria and; satisfy SCM criteria (have one or more of the listed medical conditions).</p> <p>Application reviewed independently by two medical assessors. If no agreement, a 3rd independent assessor makes final decision.</p>	<p>Self-assessment by beneficiaries</p> <p>No requirement for medical input, though changing from 'moderately affected' to 'severely affected' requires clinician supporting letter.</p> <p>Applications assessed by SIBSS</p> <p>Must provide examples of impact.</p> <p>SIBSS may carry out further checks on a small number of applications to make sure funds are allocated fairly, but in most cases this will not be needed.</p>	<p>Self-assessment by beneficiaries</p> <p>No requirement for medical input. Simple tick-box application form.</p> <p>Applications assessed by WIBSS</p>
Re-assessment / monitoring of existing recipients	N/A	Every three years	N/A

Opportunity to appeal if application unsuccessful	Yes - can appeal through EIBSS appeal panel	Yes - although no appeals to date	N/A as it's a simple tick box, so no application would be declined.
Opportunity to re-apply if unsuccessful	If unsuccessful, can re-apply if condition has worsened.	Unsuccessful applications are unlikely, but can apply to change categories.	Unsuccessful applications are unlikely. Can apply to stage 2 if condition deteriorates
No. of SCM / enhanced support beneficiaries (as of May 2021)	651	163	89
Proportion of total Hep C S1 beneficiaries who receive enhanced support (May 2021)	Approx. 34% (651 out of 1902)	Approx. 49% (163 out of 334)	Approx 70% (89 out of 128)