Questionnaire Response Form

**Infected Blood: *Consultation on Special Category Mechanism and financial and other support in England***

Please ensure you have read the consultation document before completing this questionnaire.

You can complete this online questionnaire response form at: <https://consultations.dh.gov.uk/blood-team/infected-blood-consultation>

Alternatively, you can submit this form. Once completed, please return as below ensuring receipt by 23.59 on 17 April:

By e-mail: [infectedbloodreform@dh.gsi.gov.uk](file:///\\ims.gov.uk\data\Users\GBEXPVD\EXPHOME3\mknightx\My%20Documents\Work%20stuff\infectedbloodreform@dh.gsi.gov.uk)

By post: Infected Blood Consultation Response

Department of Health

Room 164, Richmond House

79 Whitehall

LONDON, SW1A 2NS

**About you**

***Which country scheme applies to you? Please mark ‘X’ in only one box.***

|  |  |  |
| --- | --- | --- |
| England |  |  |
| Scotland |  |  |
| Wales |  |  |
| Northern Ireland |  |  |
| I don’t know |  |  |
| Other. Please specify |  | |

***Which of the following statements best describes your status? Please mark ‘X’ in only one box.***

|  |  |  |
| --- | --- | --- |
| I have hepatitis C stage 1\* | |  |
| I have hepatitis C stage 2\* | |  |
| I am co-infected with HIV and hepatitis C stage 1\* | |  |
| I am co-infected with HIV and hepatitis C stage 2\* | |  |
| I am HIV positive but I am not infected with hepatitis C\* | |  |
| I am immediate family (a widow, partner, dependent child) of someone infected with hepatitis C, HIV or both\* | |  |
| Other. Please specify |  | |

\*from infected NHS supplied blood/blood products.

***Are you registered with one of the current payment schemes / charities? Please mark ‘X’ for all those that apply.***

|  |  |
| --- | --- |
| The Macfarlane Trust |  |
| The Eileen Trust |  |
| The Caxton Foundation |  |
| The Skipton Fund |  |
| MFET Ltd. |  |
| None of the 5 schemes |  |
| N/A or Prefer not to say |  |

**Consultation Questions**

**Question 1:** Do you agree that we should add type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN) to the current hepatitis C stage 2 conditions? Applicants would apply under the existing stage 2 process.

***Please cross the box that applies***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes:** |  | **No:** |  | **Don’t Know:** |  |

|  |
| --- |
| **Please tell us why.** |

**Question 2:** Do you agree with our proposal for how the SCM will assess whether an applicant is having a substantial and long-term adverse impact on their ability to go about their routine daily lives as set out in Annex B?

***Please cross the box that applies***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes:** |  | **No:** |  | **Don’t Know:** |  |

|  |
| --- |
| **Please tell us why.** |

**Question 3:** We consider that the payments in Box 1 make the best use of the available funding, allowing more hepatitis C stage 1 beneficiaries to benefit from increased annual payments while preserving the discretionary fund as far as possible. Do you agree?

***Please cross the box that applies***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes:** |  | **No:** |  | **Don’t Know:** |  |

**Please tell us why.**

**Question 4:** So that we can design the reformed discretionary scheme to meet the needs of beneficiaries in a way that is fair to all groups, which of the elements described in paragraph 2.36 would you find most useful in the new discretionary scheme?

**Please tell us why.**

**Question 5:** In light of our Equality Analysis published alongside this consultation, are you aware of any evidence that would show our policy proposals would negatively impact any particular groups of individuals?

***Please cross the box that applies***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes:** |  | **No:** |  | **Don’t Know:** |  |

**Please tell us why.**