| **Transvaginal Mesh Fund: Application form and Guidance for Completion** |
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In its 2020-2021 budget, the Scottish Government announced a fund to support women affected by mesh complications.

Affected women are invited to apply for a £1,000 payment from the fund using this application form. You are entitled to apply for payment if:

* you have received a transvaginal mesh implant either from or on behalf of an NHS Scotland Health Board, **and**
* you have experienced complications resulting from that implant.

Guidance notes on the application process are provided on the following pages. However, in general you should note the following points:

* This is a one-off fund, which will run until the 30th June 2022. After this date no further payments will be made. As such, all applications must be received by **31st May 2022** to allow for confirmation and payment by the 30th June 2022. No applications will be accepted after this date.
* You may only apply once to the fund.
* Any payment received from this fund does not represent compensation for any perceived wrongdoing on the part of the NHS, health boards in Scotland nor any of their employees.

Should your application be successful, NHS National Services Scotland will contact you to request bank details, which will then be verified in order that payment can be made.

Please complete all sections below in order to ensure your application can be processed quickly.

Should an eligible patient be unable to complete an application form we will accept it completed on their behalf by someone who they have given authority to do so.

HELP WITH THIS FORM

If you require any assistance in completing this form, please contact National Services Scotland on 0131 275 7799 or 0141 300 1341

| **Part 1A: Data Protection and Applicant’s Declaration** | | | | |
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| Tick here to confirm that you understand that the data you have provided may be shared with NHS Boards to verify you experienced complications resulting from a transvaginal mesh implant and NHS Counter Fraud Services to assure accurate, timely payments, appropriate administration of public funds and for the purposes of prevention, detection and investigation of fraud: | | | |  |
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| **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 understand** that NHS National Services Scotland may require to access personal data relating to me by a healthcare professional at my local NHS Board in order to reach a decision regarding my application.  **I understand** that any payment received as a result of this application does not represent compensation for any perceived wrongdoing on the part of the NHS.  **I understand** that any payment received as a result of this application is a one-off payment, and that I cannot make repeated applications to this fund. | | | | |
|  | | | | |
| Signature of Applicant: |  | Date: |  | |

*Payments in consequence of personal injury usually have no effect on benefits for a period of 12 months after payment.  This can be longer if payments are put into a trust.  If you are receiving benefits and are unlikely to use the support payment within 12 months, you may wish to seek independent financial advice.*

**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 Transvaginal Mesh Fund.  This includes:

a) Your demographic information and CHI number (this is a national database of all patients with NHS Scotland, which ensures correct identification of patients).

b) Details of your healthcare providers and the care you have received.

c) Bank account details

If evidence can’t be provided, with permission we may seek to obtain this from your GP or healthcare professional within the relevant NHS board and as such will have to provide personal demographic data to allow for this.

We have an obligation to report on the progress of the scheme to the Scottish Government but this will be in the form of an anonymised high level summary with all personally identifiable data removed.

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

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

| **Part 1B: Authorising a Representative** |
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If you would like someone, such as a close relative or carer, to act on your behalf in liaising with the scheme about any applications or payments for you, please provide their details below.

If you do not wish to appoint a representative, please move to the next section.

If you provide details of a representative, then you are providing us with consent to discuss your applications and payments with them directly and authorising them to act on your behalf.

| Title: |  | First Name: |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Middle Name(s): |  | Surname: |  |
|  |  |  |  |
| Home Telephone: |  | Mobile: |  |
|  |  |  |  |
| Email Address: |  | | |

| Relationship: |  |
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**SECTION 3 SIGNATURE OF BENEFICIARY**

Please sign below to confirm the details and preference provided on this form:

| Name: |  | Date: |  |
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| Signature of Beneficiary: |  |
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Please note – if the beneficiary is unable to sign themselves due to serious illness or disability, please get in touch with us directly if you wish to act on their behalf – we may need to do some verification checks before we update our records.

| **Part 2: Applicant Details** | | | |
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|  |  |  |  |
| Title: |  | First Name: |  |
|  |  |  |  |
| Middle Name(s): |  | Surname: |  |
|  |  |  |  |
| Former Names: |  | | |
|  |  |  |  |
| Date of Birth: |  | CHI Number: |  |
|  |  |  |  |
| Address: |  | | |
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|  |  | Post Code: |  |
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| Home Telephone: |  | Mobile: |  |
|  |  |  |  |
| Email Address: |  | | |

| **Part 3: Transvaginal Mesh Surgery** | | | |
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| You are asked to provide evidence that you have previously had a transvaginal mesh implant inserted and that the surgery was provided by or on behalf of a Scottish NHS Board. The evidence should include the date and the hospital in which the surgery took place.  The evidence you provide can be in the form of a letter from your GP or a copy of another form of correspondence from your NHS Board that provides clear confirmation of the above.  Should you be unable to provide evidence, please provide details of the NHS Board which you were engaged with and we will endeavour to confirm.  Please tick the box that applies to you, below. | | | |
|  |  |  |  |
| I have written evidence that I have had a transvaginal mesh implant inserted by or on behalf of a Scottish NHS Board, and have provided a copy in order to support this application: | | |  |
|  | | |  |
| I am unable to provide evidence that I have had a transvaginal mesh implant inserted by or on behalf of a Scottish NHS Board. I therefore give NHS National Services Scotland my permission to seek confirmation from the relevant NHS Board: | | |  |
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| If you have indicated, above, that you are unable to provide evidence that you have had a transvaginal mesh implant inserted by or on behalf of a Scottish NHS Board and that you have suffered complications subsequently as a result, please provide details here of the NHS Board that provided your care, together with any other relevant information (for example, your address at the time of surgery, if different to now, the hospital where you received the surgery or anything else you feel may be helpful in processing your claim): | | | |

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| **Part 4: Complications After Transvaginal Mesh Surgery** | | | |
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| In order to claim from this fund, in addition to having had vaginal mesh surgery, **you must have experienced complications resulting from it**. In order to verify this, we require confirmation from a healthcare professional stating that you have experienced complications having undergone a surgical procedure that involved the insertion of a transvaginal mesh implant. This confirmation can come from any healthcare professional that has supported you and can be in the form of a letter or email. Should a charge be levied for this service a reimbursement of up to £25 will be added to the claim provided proof of this is included.  The information you provide will be reviewed and may also be considered by the governance group for auditing purposes. Please be aware that fund managers and the governance group may carry out further checks of applications to ensure that funds are allocated fairly. | | | |
|  |  |  |  |
| Please tick this box to confirm that you have experienced complications as a result of transvaginal mesh surgery: | | |  |

| If you are unable to provide such confirmation, please provide details of the healthcare professional, healthcare setting where you received support or other details that will help us to confirm on your behalf. If we are unable to confirm we will be unable to process the application. |
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Thank you for completing this form. The form and all supporting documents must be sent directly to National Service Scotland marked:

**PRIVATE & CONFIDENTIAL**

National Services Scotland

Practitioner Services - MESH Fund

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB