CLEARANCE CHECKLIST

Inclusion of this checklist is mandatory. Please complete the whole list and private office will remove before putting submission in the box. A submission without it will be sent back.

***Note**: Contact names provided must have seen and approved the submission.*

Finance:
Does this involve any spending or affect existing budgets?
☐ If yes, named official:
Click here to enter text.
☑ No

Legal:
Does this include legal risk, a court case or decisions that can be challenged in court?
☐ If yes, named official:

☑ No

Communications:
Could this generate media coverage, or a response from the health sector?
☐ If yes, named official:

☑ No

Analysis and data fact-checking:
Does this include complex data, statistics or analysis?
☐ If yes, named official:
Click here to enter text.
☑ No

Devolved Administrations:
Will this affect Scotland, Wales or Northern Ireland?
☐ If yes, named official:
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☑ No

Fraud:
Have you considered fraud risks?
☐ If yes, named official:
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☑ No

Commercial:
Does this include commercial or contractual implications?
☐ If yes, named official:
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☑ No

Strategy Unit:
Does this relate to cross-cutting or longer-term implications for wider DH strategy?
☐ If yes, named official:
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☑ No

Implementation Unit:
Does this relate to one of the Secretary of State priorities?
☐ If yes, named official:
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☑ No

Legislation:
Does this include options that may require secondary legislation?
☐ If yes, do you have a prioritisation reference number? *(contact Parly or SOPL if unsure):*
Click here to enter text.
☑ No

Duties, Tests and Appraisals:
The following tests apply and have been considered.

☐ Secretary of State Statutory Duties, including on health inequalities
☐ Public Sector Equality Duty
☐ Family test
☐ Other(s) (please specify)
Click here to enter text.

To: PS(PSM)

From: **Matthew Siddons**
Clearance: **Caroline Allnutt**
Date: **05/03/2020**
Copy: Jess Rackham, Matt Siddons, Antonia Williams, Kathy Smethurst, Caroline Allnutt, DL Private Office Submissions Copy List

Advice on Mental Health Support for those affected by Infected Blood

Issue	Following recent meetings regarding the Infected Blood Inquiry, you commissioned NHS England to investigate options for providing psychological support for those affected.
Timing	Routine (five working days)
Recommendations	We recommend you ask NHS England and Improvement to work with DHSC officials to develop proposals for proportionate psychological support services for people with infected blood (option 3).

Background

1. Following recent meetings relating to the Infected Blood Inquiry, you commissioned Claire Murdoch at NHS England and NHS Improvement to investigate options for providing psychological support for those affected by infected blood in the 1970s and 1980s.

2. The Infected Blood Inquiry has heard evidence on the psycho-social impact of infected blood, HIV, hepatitis, and haemophilia and other blood disorders. The Chair of the Inquiry, Sir Brian Langstaff has publicly repeated his call for specialist psychological support to be made available for people infected and affected by the use of infected blood and blood products. He stated that he hoped to be able to "acknowledge in the final [Inquiry] report that proper support and follow-up will by then be in place across the UK."

3. The England Infected Blood Support Service (EIBSS) currently signposts its beneficiaries to local NHS mental health services in the first instance. However, beneficiaries have raised concerns about variation in the provision of mental health services depending on their geographical location. This has resulted in EIBSS introducing a £900 grant for beneficiaries who are unable to access services in a timely manner, i.e., areas with longer than average waiting lists.

4. The NHS does not typically prioritise access to psychological support for any patient group (with the notable exception of veterans on the basis of their particular health and access needs). However, in recent years the NHS has established bespoke psychological support services in response to emergencies, e.g. the Grenfell fire and the Manchester and London terror incidents. These bespoke responses are time limited offers to help manage short term increases in demand for mental health services and are provided in line with NHS E/I's emergency preparedness statutory duties.

5. In response to your commission, NHSE&I have outlined three options for the provision of psychological support, which are set out in Annex A. The three options are:

6. **Option 1: Improved access to existing NHS services through the England Infected Blood Support Scheme (EIBSS) website.** This would be a marginal improvement of current signposting, by improving the linkup between the EIBSS website and the NHS website for finding local IAPT services. This will have minimal additional benefit to those affected, as IAPT services do not offer bespoke services for conditions related to contaminated blood or any specific physical health conditions. This option would not meet the expectations of stakeholders.

7. **Option 2: Expansion of existing services.** An extension of option 1, we could further strengthen signposting by extending some existing services, such as the existing Red Cross counselling and support line which offers telephone psychological support for those who are participating in the Inquiry. However, this again would only have marginal impact, would require a significant extension of the current remit of those services, and would not meet the expectations of stakeholders in the Inquiry.

8. **Option 3: Bespoke NHS psychological support services for people with infected blood.** The most ambitious, and our preferred option, would be to develop a bespoke service for those affected by infected blood. Similar to the models already in place in Wales and Northern Ireland, this service could offer initial psychological assessment and formulation, signposting to existing local services for most service users, and then some specific psychological therapy service for those issues unlikely to be met by specific local services. The scale of demand for this service is not yet known, but initial estimates suggest that a team of three staff could provide a national telephone based service offering the mix of services outlined above would cost an estimated £360k per year. The costing for this are set out in Annex B.

Conclusion and Next Steps

9. **We recommend that you ask DHSE officials and NHSE to develop the proposals for a bespoke NHS psychological support services for people with infected blood (option 3).** This is the only one of the three options that is likely to meet the demands of those involved in the inquiry.

10. This would need to be proportionate. We do not yet know the level of demand for this service. More work is needed to test the clinical need, what existing services can already offer, and how this service will sit alongside existing pathways.

11. We would also need to agree who would commission and fund this service. NHS England are pushing for DHSC to fund this, but if this is relatively small scale we may be able to get agreement from NHSE that they can fund some or all of the service. If not, we will need to secure funding from within DHSC budgets.

12. Once we have your steer, we will go back to NHSE&I to agree the timescales and further actions required.

Annex A – Overview of three options from NHSE

Options for consideration

14. The support options proposed by NHSE&I range from increasing visibility and signposting to existing psychological support services, through to the development of bespoke services for people impacted by infected blood. The smaller scale options will be quicker to implement, whereas the development of a bespoke service would require more information and partnership working to appropriately scope and scale.

15. In pulling these options together, NHSE&I sought clinical advice on what type of service and support would be appropriate from the National Lead for Psychological Professions and have also researched services that have been set up previously in response to emergencies.

16. For any proposal to be fully implemented, NHSE&I will need to collaborate with DHSC and/or the England Infected Blood Support Scheme (EIBSS) to better understand the need for a bespoke service and identify the relevant parties required to implement this.

Option 1: Improved access to existing NHS services through the England Infected Blood Support Scheme (EIBSS) website

17. People who received infected blood are currently able to self-refer to IAPT services which treat anxiety and depression. It is, however, important to recognise that IAPT services do not offer bespoke services for conditions related to contaminated blood or any specific physical health conditions – rather – the model operates on a generic approach, focusing on treating the mental health condition itself.

18. The NHS website has a page to find IAPT services based on postcodes: https://www.nhs.uk/service-search/other-services/Psychological%20therapies%20(IAPT)/LocationSearch/10008

19. This website could be embedded into the website for the England Infected Blood Support Scheme (EIBSS). Alternatively, the EIBSS website could link to the service search. This would allow people who have received contaminated blood to easily identify services in their local area that they could self-refer into for anxiety and depression.

20. This could be further supplemented by direct engagement with leading charities and networks already supporting people impacted by infected blood to raise awareness of self-referral pathways to existing mental health support services, such as letters, meetings and webinars.

21. **Suggested next steps:** Work with EIBSS to embed the postcode search into the existing EIBSS website. NHS England and NHS Improvement can support this by doing complementary engagement with leading charities and networks already supporting people impacted by infected blood to raise awareness and encourage self-referrals.

OPTION 2: Expansion of existing services

22. Currently there are no known pre-existing NHS mental health support services for people who have been infected with contaminated blood in England. However, the Infected Blood Inquiry established a Red Cross counselling and support line which offers telephone psychological support for those who are participating in the Inquiry. This counselling and support line was brought to the attention of all primary care practitioners in an open letter from the NHS Director of Primary Care Commissioning on 11 April 2019. There are other non-NHS avenues for support available for people with Hepatitis C, HIV and Haemophilia including, for example, the Hepatitis C Trust, Terrence Higgins Trust, and the Haemophilia Society.

23. On its webpage, the EIBSS scheme offers to signpost or refer members for counselling and advice, with a direct offer to refer members to appropriate counselling services if they cannot get access quickly through their GPs.

24. DHSC could work with EIBSS to better support and expand this existing signposting and referral service. The support could include additional information as to how to flow people with more complex needs to the appropriate NHS services. NHS England and NHS Improvement can support this by providing information on appropriate referral pathways.

25. Further, DHSC could investigate expanding the current Red Cross counselling support offer available as part of the Inquiry, with the goal of embedding the telephone counselling service in EIBSS as a more sustainable option once the Inquiry comes to an end.

26. This would ensure a holistic approach by embedding all services (i.e. counselling over the phone via Red Cross and referral / signposting to local NHS services) for people with contaminated blood within the one organisation. This aligns with the Welsh approach, where the Wales Infected Blood Support Scheme is hosted by Velindre NHS University Trust and Velindre's Department of Clinical Psychology and Counselling deliver the in-house psychology and counselling service for the whole of Wales.

27. **Suggested next steps**: DHSC could work with EIBSS to support and expand the signposting and referral services already in place. NHS England and NHS Improvement can support this by providing information on appropriate referral pathways. Further, DHSC could investigate more sustainable options for the Red

Cross counselling service established as part of the Inquiry. As with Option 1, NHS England and NHS Improvement could help raise awareness of the EIBSS referral service and / or counselling line via communications and engagement with leading charities and support networks.

Option 3: Bespoke NHS psychological support services for people with infected blood

28. As in the case of Wales and Northern Ireland, we could create a bespoke NHS mental health support service for people in England who have been impacted by contaminated blood.

29. Based on initial advice from the NHS National Lead for Psychological Professions, it is suggested that a mixed model could be created that includes:
    a. Psychological assessment and formulation;
    b. Signposting to existing local services (e.g. IAPT). It is expected that this would be the outcome for the majority of service users; and
    c. A specific psychological therapy service for some service users. This would be for more complex adjustment and mental health issues unlikely to be met by specific local services.

30. The Welsh approach is more in line with the approach taken in response to the Manchester Arena attack, where survivors were offered custom psychological support and signposted to appropriate local services. The London terror response did not include custom psychological support, but focussed instead on screening and referrals to existing services.

31. The scale of demand for this service is not yet known. Only 30 people have applied for financial support for counselling via EIBSS since April 2018, but we have no further indication of what further demand there might be for bespoke support. More work is needed to fully understand the level of demand.

32. An initial scoping by NHS England suggests a team of three staff could provide a national telephone-based service offering the mix of services outlined above would cost an estimated £360k per year. The calculations and assumptions underpinning this costing are set out in Annex B.

33. **Suggested next steps**: DHSC could engage with stakeholders (EIBSS, the Infected Blood Inquiry and any existing support networks for example) to test the type of support offer proposed and ascertain whether it would be suited to meet the needs of those with infected blood; and to assess the level of demand such a service offer would need to meet. The Infected Blood Inquiry's Psychosocial Issues Report could provide a first point of reference. NHS England and NHS Improvement can then develop a scaled model for support in line with need and demand and provide more detailed costings and a forward-look should this become a multi-year commitment.

Annex B - Costing of the proposed bespoke service for Option 3

34. A bespoke telephone counselling service could be located within one Mental Health Trust, in line with the approach taken in response to the London terror attacks and Manchester Arena attack. Further consideration would also need to be paid to eligibility for the service, and its longevity.

35. The functions of the bespoke service would typically be carried out by a clinical or counselling psychologist with additional evidence-based therapy qualifications (likely a Band 8a), overseen by a consultant clinical or counselling psychologist (Band 8d). Some of the psychological therapy can also be provided by CBT therapists and counsellors (Band 7). As the need level is currently unknown, it is difficult to estimate WTE required against an estimated caseload.

36. Only 30 people have applied for financial support for counselling via EIBSS since April 2018. NHS England and NHS Improvement would need to obtain more detailed information from DHSC and EIBSS to better understand the number of people impacted by infected blood, and the psychological support needs the bespoke service would be tailored to address.

37. The cost for 3 full-time WTE of the model proposed above would cost c.£360k, excluding administrative support. This would need to be apportioned and scaled against an estimated caseload which NHS England and NHS Improvement can support DHSC to estimate.

Table 1: Annual costings for staffing mix per full-time team – this is not apportioned to caseload

Staff type	Annual cost*	WTE	Amount
Consultant Clinical or counselling psychologist (B8d)	172,179	1	172,179
Clinical or counselling psychologists (B8a)	101,954	1	101,954
CBT therapists and counsellors (B7)	86,238	1	86,238
Total	360,371	3	360,371

** Annual costs drawn from PSSRU figures used for Long Term Plan modelling, and include overheads*