

Witness Name: Dr Stephen Barclay

Statement No.: WITN7739001

Exhibits: WITN7739002-003

Dated: 15/02/2024

INFECTED BLOOD INQUIRY

STATEMENT OF DR STEPHEN BARCLAY

I provide this statement in response to a request under Rule 9 Request of the Inquiry Rules 2006 dated 15th January 2024.

I, Dr Stephen Barclay, will say as follows: -

Section 1: Introduction

- 1. Please set out your name, address, date of birth and professional qualifications.**

Dr Stephen Barclay
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF
GRO-C1976
MBChB, FRCPS

- 2. Please set out your employment history, including the various roles and responsibilities that you have held throughout your career, as well as the dates**

I was appointed as a Consultant Gastroenterologist with a special interest in liver disease in August 2009. My post was created as part of the Scottish Hepatitis C action plan. I co-chair Greater Glasgow and Clyde Viral Hepatitis

Managed Care Network (MCN). I co-chair the Scottish Hepatitis C clinical leads group.

Section 2: HCV Screening

3. Please provide the Inquiry with an update in regards:

a) to what steps have been taken (since your last correspondence with the Inquiry) in Scotland to provide access to HCV screening and treatment;

The ongoing HCV elimination programme is as outlined in Professor Dillon's previous response to the Inquiry (WITN4062003). The attached summary (WITN7739002) and full report (published December 2023) (WITN7739003) give an update on Scotland's progress towards HCV elimination. In particular, we estimate that approaching 90% of those infected have been identified, the vast majority of whom have been treated successfully.

b) what steps have been taken to locate those who may have been infected with HCV but are undiagnosed, in particular:

- i. Women born between 1945 and 1964 who received a blood transfusion in childbirth;**
- ii. Men and women born between 1975 and 1984 who received a transfusion in childhood; and**
- iii. Men and women born between 1965 and 1974 who received a transfusion as a child or young adult (as identified in the the Expert Report to the Infected Blood Inquiry on Hepatitis [EXPG0000132] on page 9); and**

No additional steps have been taken to locate those classified in i), ii) or iii). Mechanisms to do so with an expectancy of meaningful results having been exhausted, as outlined in Professor Dillon's previous response to the Inquiry (WITN4062003) .

c) any other updates you may have in relation to this topic.

Professor Makris raises concerns regarding patients who may have undergone HCV treatment solely directed by haemophilia centres and therefore may not have undergone liver assessment. I have confirmed via the Scottish HCV clinical leads, as well as colleagues in the Scottish Haemophilia centres that this practice did not take place in Scotland, and therefore his concerns are not applicable here.

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed _____

Dated _____ 15/02/2024 _____

Table of exhibits:

Date	Description	Exhibit number
05//12/2023	Summary – “Surveillance of hepatitis C in Scotland”	WITN7739002
05/12/2023	Surveillance Report	WITN7739003