

Witness Name: Mark Gillyon-
Powell

Statement No:
WITN7740001

Dated: 12th February 2024

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MARK GILLYON-POWELL

I provide this statement in response to a request under Rule 9 Request of the Inquiry Rules 2006 dated 15 January 2023.

I, MARK GILLYON-POWELL, will say as follows:-

Section 1: Introduction

1. I am Mark Gillyon-Powell (dob GRO-C 1972) of GRO-C
GRO-C Yorkshire, GRO-C I trained in management at Kingston University in 2020/21 and Counselling & Psychotherapy at York St John University in 2015/16.
2. I worked in Adult Social Care (HIV and palliative care) until 2001, when I became a Drugs Adviser for the Home Office until 2003. From 2003 to 2015 I was Head of Delivery (North) for the National Treatment Agency for Substance Misuse. Returning from Adoption Leave in 2016, I joined NHS England leading on Public Health in Secure & Detained Settings, moving to my current role leading England's Hepatitis C Elimination Programme in 2019. I am currently Deputy Director for HCV Elimination & Health Inequalities in NHS England's Specialised Commissioning

Directorate.

3. In producing this statement, I have sought the assistance of Professor Graham Foster [WITN3042004], former Clinical Lead for the HCV Elimination Programme.

Section 2: HCV Screening update

a. what steps have been taken in England to provide access to HCV screening and treatment since January 2023

4. The NHS England Hepatitis C Elimination (HCV) programme has continued to prioritise the finding and diagnosis of patients with Hepatitis C over several years and delivered almost 90,000 treatments in that time. Professor Graham Foster (HCV Elimination Clinical Lead until April 2023) has provided details of the HCV Elimination Programme to this inquiry (WITN3042004 and WIT3042006). To update the inquiry, since January 2023, the following actions have taken place in England to provide patient finding, screening / diagnosis and treatment:

- 4.1. Hepatitis C Operational Delivery Networks ("ODNs"), of which there are 23 in England plus a specialist paediatric ODN, continue to provide access to testing, diagnosis and treatment through a combination of hospital-based and community outreach services. These include direct provision into GP services, addiction services, prisons, community venues and through the operation of clinical vans taking diagnosis and treatment out to potential patients. We highlighted to ODNs the need to identify people infected through blood and blood products at our Annual Conference in March 2023, and raise this issue with our ODN teams as a part of their focus on patient finding amongst groups with historic (rather than current) risk factors.

4.2. Primary Care – NHS England continue to work with partners and ODNs to drive patient finding in primary care, searching patient records to assess for risk of infection. We have developed a health record search tool which identifies people at risk of HCV, and this includes searching for people infected by blood and blood products. We believe that all blood/blood-product recipients within the at-risk period who have a GP code for this procedure will be identified by this tool. We recognise that not all transfusions are coded correctly in electronic records, and we are committed to upgrading the search tool as new information emerges, in particular we continue to evaluate risk factors for infection from our other screening approaches (listed below) to see if common factors can be identified which will allow us to refine our GP practice based search tool. To date, this has been carried out on a practice-by-practice basis and we have employed ‘GP champions’ to raise awareness of the need to identify patients in primary care and these ‘champions’ are increasing the proportion of practices that deploy the search tool. We are developing solutions by which we could review aggregated data for these risks and thereby know which GP Practices to focus on first for maximum patient finding. To date, an estimated 2.23 million patient records have been searched.

4.3. Emergency Department (“ED”) BBV opt out testing – ED opt out testing for HIV, HBV and HCV is now fully operational in 33 hospital emergency departments in England, with expansion to a further 47 now confirmed and in development for HIV testing. Hepatitis testing in the expansion sites is currently being considered by NHS England. The first phase of the programme has been evaluated (interim, 12 month) and shows that integrated, system-wide implementation of opt-out BBV testing in EDs in areas of very high HIV prevalence is effective for making new BBV diagnoses, re-

engaging those previously diagnosed but not in care and is an important contribution to global BBV elimination goals. There is limited evidence that ED opt out testing, or any other of our elimination initiatives, is finding people specifically who contracted HCV through historic blood transfusion with small numbers of cases being identified. ODNs have confirmed that they find very few people infected through blood and blood products (some noting one case per year, usually found though in-patient care for another condition). As noted above, we continue to evaluate these data to determine if characteristics of transfused people can be identified that will allow further, more targeted testing.

4.4. A web testing portal offering free and confidential home testing for anyone over 18 in England who thinks they may be at risk of Hepatitis C, went live in May 2023 and is now fully operational at www.hepctest.nhs.uk. In addition to general awareness promotion and media placement, we are reviewing the data on test kit orders, returns and HCV RNA positive cases to develop national targeted campaigns directed at those presenting the most risk and those who might not seek testing (or indeed may not consider themselves at risk). Each time we carry out these targeted campaigns we see a 'spike' in requests for test kits, and the portal has so far confirmed 0.67% positivity rate on returned tests (estimated population prevalence of HCV is 0.1%). Users of the portal have the option to state their perceived risk factor (though this is not mandatory and is self-reported), and users have identified 'blood transfusion' (0.22% of test results - 1 found to be HCV RNA+) and 'blood/tissue product' (1.02% of test results - 3 found to be HCV RNA+).

4.5. National campaigns – in the absence of a national campaign (which would be led by DHSC), the HCV Elimination Programme continues to carry out smaller, targeted proxy national campaigns encouraging

ever greater numbers of people to seek testing. An example of this is detailed above in relation to the 'web testing portal' (www.hepctest.nhs.uk) registry which was functional from 2015 and is currently operational.

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

5. We are reviewing the data from our current programs to determine the most appropriate way to engage these communities. It is not yet clear whether our GP engagement exercise will meet this unmet need and when these data emerge, we will determine whether alternative programs are required. We anticipate that the launch of the Inquiry's report will lead to welcome publicity in this area, and we plan to take advantage of this by publicising the web testing portal to these groups and encouraging those who fall into these categories to access the free testing and rapid access to treatment that is readily available

Statement of Truth

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

Signed:

GRO-C

Dated: 12.02.2024