Witness Name: Cathy Harrison
Statement No.: WITN7744001
Dated: 14/02/2024

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF CATHY HARRISON

I provide this statement in response to a request under Rule 9(1) and (2) of the Inquiry Rules 2006 dated 8 February 2024.

I, Cathy Harrison, will say as follows: -

Access to recombinant blood products for children with Von Willebrand Disease (VWD)

The Inquiry is urgently looking to obtain further evidence regarding the varied access across the UK to recombinant Von Willebrand Factor for children with VWD.

1. Please explain DHNI's position on the issue of access to recombinant blood products for children with VWD, setting out the status of any ongoing reviews and next steps.

1.1 My name is Cathy Harrison and I am the Chief Pharmaceutical Officer in the Department of Health in Northern Ireland. I am based in Castle Buildings, Stormont Estate, Belfast and am the principal professional policy advisor to the Minister of Health and Permanent Secretary providing specialist advice on medicines and pharmaceutical issues, for the development of policy relating to medicines.

1.2 The Department of Health has a formal link with the National Institute for Health and Care Excellence (NICE) under which NICE Technology Appraisals are reviewed locally for their legal and policy applicability in Northern Ireland. Where found to be applicable, they are endorsed for implementation within Health and Social Care (HSC) organisations. In practice, this means that treatments that have been recommended by NICE for routine use in the NHS in England are routinely available in Northern Ireland.

1.3 As NICE has not recommended the use of recombinant blood products for children with Von Willebrand Disease (VWD), they are not routinely commissioned for use within the Health and Social Care service (HSC) in Northern Ireland.

1.4 In such circumstances, the Independent Funding Request (IFR) Route is available, whereby access to medicines that are not routinely commissioned may be provided where a clinically exceptional case can be made by a clinician. Approval of IFRs for treatments which are not routinely commissioned requires evidence that the patient is not part of a cohort of people and is clinically different from others with the same condition at a similar stage of the clinical pathway. No IFR for recombinant blood products for children with VWD has been made.

Statement of Truth

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

GRO-C

Signed:

Dated: 15/02/2024