

Witness Name: Samantha Baker

Statement No.: WITN0713010

Exhibits: WITN0713011 – WITN0713014

Dated: 10 February 2020

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF SAMANTHA BAKER

I, Samantha Baker, will say as follows: -

1. Name, address and role within the Scottish Government.

My name is Samantha Baker and I am based at the following work address:

Area 3E, St Andrew's House
Regent Road
Edinburgh EH1 3DG

I am the team leader within the Scottish Government with overall responsibility for infected blood and am head of the Donation and Abortion Policy team. My team sits within the Scottish Government's Health Protection Division, within the Directorate for Population Health.

2. Please outline how psychological services are commissioned and funded in Scotland.

Psychological therapies for the great majority of patients are provided by territorial NHS Boards in Scotland, using funding from the core grant they each receive from the Scottish Government. Health and Social Care Partnerships are also responsible for delivering some psychological therapies. It is the responsibility of these Boards to protect and improve their population's health and to deliver healthcare services generally (including psychological services). The Scottish Government does not specifically mandate, nor commission these services in relation to psychological therapies.

A limited number of specialist services are centrally commissioned by National Services Division (NSD), which is part of NHS National Services Scotland, on behalf of all territorial NHS Boards. Specialist services will normally include provision of

psychological support as part of a package of patient treatment or support for patients referred into these services. Psychological support is commissioned by NSD as part of these specialist services:

- Chronic Pain Management
- Adult Cystic Fibrosis
- Advanced Heart Failure
- Spinal Injuries
- Obstetric Brachial Plexus
- Stem Cell Transplant
- Child Inpatient Psychiatry
- Cleft Services
- Paediatric Renal Transplant
- Adult Renal Transplant (which includes psychological support for other abdominal organ transplant patients)
- Advanced Prosthetics
- Paediatric Epilepsy Surgery
- Ear and Atresia Reconstruction
- Deep Brain Stimulation
- Inherited Metabolic Disease

While services for those with inherited bleeding disorders are not commissioned by NSD as a specialist service (there are five haemophilia centres in Scotland, which are provided by the individual Territorial Health Boards within which they are placed), the Scottish Government and NSD jointly fund a haemophilia psychological support service (see further details in response to question 5 below).

3. If psychological services are the commissioning responsibility of the Scottish Government (either generally, or specifically in relation to those who have been infected with a chronic and serious disease such as HIV or HCV or HBV) please provide details of the services which are commissioned and are available to people who have been so infected, or whose partners or family members have been infected, and who have suffered psychological difficulties as a result.

The Scottish Government does not directly commission any psychological services itself. However, the Scottish Government does fund a haemophilia psychological support service as outlined in the response to question 5.

4. If psychological services are the commissioning responsibility of the NHS National Services Scotland and/or the Scottish Territorial Health Boards (either generally, or specifically in relation to those who have been infected with a chronic and serious disease such as HIV or HCV or HBV), please outline the kinds of services that the Scottish Government would expect to be available to people who have been so infected, or whose partners or family members have been infected, and who have suffered psychological difficulties as a result.

The separate response from NHS Scotland provides more detailed information on how these services are delivered, both via dedicated services for patients with blood-

borne viruses and for general services, and on the national trauma training framework.

As outlined above, the Scottish Government does not have commissioning responsibility for directly commissioning psychological services. The provision of such therapies are the responsibility of Territorial NHS Boards, who are guided in their provision by the psychological therapies Matrix published by NHS Education Scotland (NES), which is the education and training body for NHS Scotland (WITN0713011-WITN0713013).

The Psychological Therapies 'Matrix' project grew out of requests from NHS Boards for advice on commissioning Psychological Therapies in local areas to enable them to plan and provide the most effective available psychological treatments for their particular patient population. The Psychological Therapies 'Matrix' is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. It provides a summary of the information on the current evidence base for various therapeutic approaches, guidance on well-functioning psychological therapies services, and advice on important governance issues.

The Psychological Therapies 'Matrix' has been produced to help NHS Boards by:

- Summarising the most up-to-date advice on evidence-based interventions;
- Providing information and advice on strategic planning issues in the delivery of efficient and effective Psychological Therapies services;
- Explaining the levels of training and supervision necessary for staff to deliver Psychological Therapies safely and effectively; and
- Describing the additional support available from Government in terms of related Mental Health initiatives – and information available from the Information Services Division (ISD) and NES.

As such, it promotes the delivery of efficient and effective treatments, and seeks to minimise variations in practice through the clarification of training standards and supervision requirements. In addition, it offers guidance on service structures and governance arrangements necessary to ensure patient safety.

The Scottish Government has a national access target for all psychological therapies; the target is that 90% of people that need a psychological therapy will start treatment within 18 weeks. However, the Scottish Government expects NHS Boards to prioritise psychological therapy delivery according to clinical need.

Access to general psychological therapies services would be through either primary or secondary care. As well as GPs, psychiatric services in the community and those in acute hospitals (liaison psychiatry) would be expected to refer any patients requiring psychological therapies to relevant services. The Scottish Government doesn't set any requirements or expectations about the specific types of services that Health Boards should provide.

In addition to this, NHS 24 provides computerised Cognitive Behavioural Therapy that patients can be guided to use directly themselves if that sort of psychological therapy is appropriate to their need.

Therefore, those infected and affected by infected blood and blood products would be likely to access a range of different psychological support and treatment, which would in accordance with the Matrix vary depending on the level of severity of their illness. As noted in response to questions 2 and 5, patients with bleeding disorders and their family members can access the haemophilia psychological support service (see question 5 below), although they could also access psychological therapies via their own NHS Board if they wished to do so.

5. The Inquiry understands that: (a) in October 2018 NHS England announced funding (of up to £50 million) for a new screening service to be put in place to provide long term support and treatment for people with physical and mental health issues following the Grenfell Tower fire; and (b) a free and confidential NHS service (the Grenfell Health and Wellbeing Service) is available to children and adults affected by the Grenfell Tower fire.

Please confirm whether there is any equivalent or similar service in Scotland for people infected or affected in consequence of infected blood or blood products. If so, please provide details of the service(s). If not, please explain why.

There are no directly equivalent services in Scotland for people infected or affected in consequence of infected blood or blood products. Given that Scottish infected blood patients are spread across the whole of Scotland and may have a wide range of varying psychological support needs, it is generally more appropriate for that support to be provided locally by individual NHS Boards. The Grenfell Tower fire circumstances would have been somewhat different as those affected live in a relatively small geographic area and would have needed support at similar times; this would probably have made it particularly difficult for local services to have capacity to provide appropriate support for those affected by the Grenfell fire via existing arrangements.

However, in addition to NHS Board services, since 2015-16, a haemophilia psychological support service has been available for patients with bleeding disorders and their family members (The Psychological Support Service for Inherited Bleeding Disorders). The service is managed by NHS Lothian; it was initially only available to patients of the Edinburgh Haemophilia Centre, but has been available to patients and their family members across all of Scotland since 2018. It is staffed by one full-time psychologist and a part-time psychiatrist. These staff are based in Edinburgh, but also travel on certain days to other Scottish locations to provide appointments there and provide appointments via secure video conference where the patient prefers this or it is more convenient for them. This service is available to all those with bleeding disorders and their families. However, we understand that a significant proportion of those using the service are infected or are family members of someone who is infected with hepatitis c and/or HIV.

This service is jointly funded by NSD and the Scottish Government and feedback from service users provided anonymously by NHS Lothian suggests that they find the service very valuable.

Those infected and affected by infected blood (whether or not they have a bleeding disorder) can access psychological therapies via their NHS Board as set out above in response to question 4. However, if they have been unable to access counselling or other appropriate support easily or quickly via their NHS Board and wish to access private counselling or psychotherapy, the Scottish Infected Blood Support Scheme (SIBSS) can provide Support and Assistance grants to fund the full costs of counselling sessions or other psychological support for those registered with the scheme (which includes both those who are infected themselves, but also widows, widowers, civil partners, long-term cohabiting partners or dependent children of those infected beneficiaries who have died). These grants are not means tested and can either be paid direct to the applicant or the counselling service can be paid directly by SIBSS where the applicant would prefer that. SIBSS has sought to raise awareness of these grants via its newsletters to beneficiaries, although there have so far unfortunately been few enquiries from scheme members about this.

6. Please outline how hepatitis c (HCV) treatment is commissioned and funded in Scotland.

HCV treatment is commissioned and funded by territorial NHS Boards in Scotland, using funding from the core grant they each receive from the Scottish Government.

The Scottish Government is committed to the effective elimination of HCV in Scotland by 2024. As a result, the Scottish Government has committed to increasing the number of people treated for HCV to at least 2,500 in 2019-20 and to at least 3,000 annually from 2020-21.

Health Protection Scotland and the Scottish Government's Treatment and Therapies Group determined that having no more than 5,000 people infected with HCV (currently around 21,000 people are estimated to be living with HCV in Scotland) and new annual presentations of HCV-related serious disease and death in single figures would meet the World Health Organisation (WHO) targets in the Scottish context.

Further details on plans for taking forward HCV elimination in Scotland and how this will be delivered are set out in 'Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease - Taking Advantage of Outstanding New Therapies' (WITN0713014).

7. Please describe the current treatments that are available for HCV, their effectiveness and availability, including any restrictions and/or delays that may be experienced in accessing treatment.

8. What scans, blood tests and/or other checks and/or monitoring are, or should be, offered to a person who has been diagnosed with HCV, how often and over what period of time?

9. Following successful treatment, such that the person has received a sustained virological response (SVR), what follow up scans, blood tests and/or other checks and/or monitoring are or should be offered, how often and over what period of time?

The Central Legal Office is arranging for a medical professional to respond to questions 7 to 9 above as these questions are best answered by someone with full clinical expertise in this area.

Statement of Truth

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

GRO-C

Signed

Dated 10 February 2020