

Witness Name: Ms Samantha Baker

Statement No: WITN0713018

Exhibits: WITN0713019

Dated: 10 October 2022

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF SAMANTHA BAKER**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 8 September 2022.

I, Ms Samantha Baker, will say as follows: -

#### **Section 1: Psychological Support**

**1. The Inquiry understands that since your statement WITN0713010 on access to specialist psychological support for those infected with HCV and/or HIV by blood and blood products, the Scottish Infected Blood Psychology Service has commenced operations. Please explain who this service is commissioned by, how this service is funded and for how long funding has been agreed, who the service is for, what the uptake is, what it provides and give details of any feedback from users of the services.**

1.1 This Service is commissioned and funded by the Scottish Government. It is managed by NHS Lothian, but with the Service available across Scotland. Initial funding has been confirmed for the first two years and it has been agreed with NHS Lothian that we will review progress at that point. However, we have indicated that we would be likely to continue the scheme longer term if it is found

to be receiving positive feedback from Service users and there continues to be demand for it.

1.2 The Service is for anyone infected via NHS blood or blood products or their family members and is open to anyone living in Scotland (although I understand the Service has also provided support to one individual living outwith Scotland as they or a family member were infected in Scotland). Infected blood patients with haemophilia or other inherited bleeding disorders and their families can either use this Service or the Psychological Support Service for Inherited Bleeding Disorders (the latter Service has been operating since 2015-16).

1.3 Uptake so far has been lower than hoped for. This is despite work by the Service, working with SIBSS, Haemophilia Scotland, the Scottish Infected Blood Forum, NHS Boards and specialist groups, to promote awareness of the Service and encourage those who might benefit to contact the Service (see further details below).

1.4 The Scottish Infected Blood Psychology Service (SIBPS) has provided me with the following update to provide details on the uptake of the Service, what it provides and information on feedback from Service users:

#### **Demographic information**

1.4.1 The SIBPS opened to referrals in September 2021 and began seeing patients in October 2021. To date it has received 25 referrals for psychological therapy and of those, 24 patients have been accepted for treatment. 24 referrals were made directly by patients via a self-referral form and 1 was made by a clinician. This indicates that almost all referrals to the Service met the eligibility criteria and that people were aware of what the Service could offer before referring.

1.4.2 Whilst most patients resided within the central belt, this can be understood in terms of population density. The data (held by SIBPS) would indicate that there was wide awareness of the Service across Scotland and that patients could access it regardless of their location as the Service has supported patients from a number of different geographical locations. This suggests that the model of

remote treatment via video conference platforms and telephone consultations allows the Service to be accessible to people across Scotland, as so far has been required for the one patient who has accessed the Service from England.

- 1.4.3 Scottish Index of Multiple Deprivation (SIMD) scores were calculated for all Scottish patients. Deciles were provided with decile one referring to the 10% most deprived data zones in Scotland. 2 patients resided in decile one areas, 6 in decile two, 6 in decile three, 5 in decile four, 4 in decile five and 1 in decile seven. This indicates a broad spread of deciles and importantly suggests that those living in more deprived areas of Scotland were able to access the Service.
- 1.4.4 With regards to the ages of the patients seen in the first year of the SIBPS, 1 patient fell within the 10–19-year age bracket, 2 within the 30-39 year bracket, 4 in the 40-49 year bracket, 6 in the 50-59 year bracket, 8 in the 60-69 year bracket and 4 in the 70-79 year bracket. This highlights the older age of the patients seen by the Service with most patients aged 50 and older.
- 1.4.5 Information collected on gender revealed that 14 patients identified as female and 11 as male, indicating a relatively even split between women and men.
- 1.4.6 With regards to whether the patients had been infected or affected by contaminated blood, 14 patients treated by SIBPS had been infected by contaminated blood and 9 had been affected. With regards to how the infected individual/relative had received the contaminated blood, 19 had received a blood transfusion and 5 had received blood products.
- 1.4.7 Of those affected, 5 were children, 4 were spouses and 1 was a partner. Historically, relatives and people affected by blood transfusions had reported finding it difficult to access support, but this data indicates that those populations were able to access the SIBPS.

### **Clinical Effectiveness of the Psychology Service**

- 1.4.8 Pre-treatment information was available for 21 patients and post-treatment information was available for 13. The reasons for attrition included some patients still undergoing active treatment at the time of this analysis being

carried out and some patients deciding to cease treatment and therefore end of treatment data not being available.

1.4.9 When individuals first presented to the Service, the main psychological symptoms recorded by clinicians were generalised anxiety, health anxiety, social anxiety, depression, grief, anger, shame, and post-traumatic stress disorder (PTSD).

1.4.10 The outcome measures used by the SIBPS clinicians included the CORE-10 measure of distress, the Acceptance and Action Questionnaire (AAQ-II), the Psychlops goal attainment scale, clinician and patient ratings of symptom severity and clinician and patient ratings of improvement. Overall, this information indicates that both clinicians and patients perceived that there had been clinical benefits as a result of the psychological treatment provided by SIBPS.

#### **Mode of delivery**

1.4.11 Data is available for all discharged patients, but does not include those individuals who are still undergoing treatment. Of those discharged patients, there were a total of 184 treatment sessions provided by SIBPS clinicians between October 2021 and September 2022. 114 of those sessions were delivered using the Near Me video conference platform and 70 were delivered using telephone consultations. It should be noted that a treatment session involves a 60 minute consultation between a psychologist and patient.

1.4.12 With regards to the treatment model used, the clinical psychologists used predominantly cognitive behavioural therapy, acceptance and commitment therapy and some more targeted interventions for grief and PTSD.

#### **Acceptability of the Service**

1.4.13 Positive feedback about the SIBPS Psychology Service was provided by the Scottish Infected Blood Forum and Haemophilia Scotland. Given the understandable anxieties of the infected blood population about trusting an

NHS service such as SIBPS, the Service prioritised the establishment of strong relationships with these third sector organisations and their positive feedback was greatly valued by us.

1.4.14 Service evaluation questionnaires were sent to patients on discharge from the SIBPS Service and seven were returned. The following comments were made in response the question 'What did you find helpful about attending the Service?'

- "Speaking to someone so experienced and knowledgeable"
- "Things being explained and broken down into segments so I was able to manage my daily life."
- "Everything was done over the phone"
- "Learning calming techniques"
- "Having the protected time and space to discuss historical issues and work on many issues that are current. My therapist was incredibly kind, easy to talk to and we used many helpful tools."
- "Sam motivated me to get things done and supported me in everything I did, even while I am still sick."
- "Marshalling my thoughts and being guided back to a more rational me."
- "1. The caring support when I was upset; 2. The learning exercise of how to deal with things in my mind and 3. Becoming more positive."

1.4.15 Patients were also asked to "describe anything that was difficult, challenging or unhelpful about the Service'. Comments included:

- "It is difficult to delve into your past, but this is a necessary part of the process."
- "No problems with the service. Easy to log on on-time and to speak on the phone also."
- "I didn't have any problems with the service."
- "Recording episodes throughout days. I was made aware of such daily pain and grief."
- "Not really. Any problems with 'Zoom' were off-set by the convenience."

1.4.16 When asked 'Was the Service easy to access', all 7 respondents said 'Yes'.

1.4.17 When asked 'would you recommend the Service to others?', again all 7 said 'yes'.

1.4.18 Patients were asked whether they felt they had benefited from the Service and given the options of responding not at all, a little bit, somewhat, quite a bit or a lot. Of the seven respondents, 5 replied that they had benefitted 'a lot', 1 replied 'quite a bit' and 1 replied 'somewhat'.

#### **Indirect work**

1.4.19 In addition to the clinical interventions described above, the clinical psychologists in SIBPS have also given a presentation at the British Psychological Society Health Psychology Conference in Bristol in June 2022 about the Scottish Infected Blood Service. They have continued to write regularly for the Hep C Trust, SIBSS, SIBF and Haemophilia Scotland newsletters to raise awareness of the Service. In addition, they have developed a cognitive screening tool for psychologists to use if a patient reports problems with their cognitive functioning and this has been shared with the specialist infected blood services in Northern Ireland and Wales.

## **Section 2: Mortgages**

### **2. Please outline the problems that registrants of SIBSS have had in obtaining mortgages, and the steps that SIBSS has taken to assist.**

2.1 I cannot comment in detail as I believe this varies between mortgage lenders and would depend on a range of factors relating to an individual beneficiary's circumstances. UK Finance (formerly the Council of Mortgage Lenders) could provide further background to the Inquiry on this.

2.2 I understand that SIBSS has provided letters for beneficiaries to give to their mortgage lender to provide reassurance regarding the ongoing nature of their regular payments and/or reassurance that a beneficiary's widow, widower or partner would receive ongoing payments in the event of the beneficiary's death. I believe these letters have been accepted by lenders.

2.3 On two occasions I have written letters on behalf of beneficiaries to be shared with lenders, presumably because the mortgage lender was not willing to rely only on a letter from SIBSS (see attached a copy of the first of those letters).

**3. Please outline your understanding of the reasons for mortgage lenders being unwilling to accept evidence of future income from SIBSS when assessing mortgage applications from those infected and affected by contaminated blood.**

3.1 As per my response to question 2, as far as I am aware some lenders do accept evidence of future income from SIBSS and, as far as I understand it, beneficiaries have been able to access mortgages when they have provided letters from SIBSS or myself. As noted above, I have only personally sent letters on two occasions so only know (second hand) what happened in those particular cases, but in those cases I understand the mortgages were granted. As for question 2, it would be better for the Inquiry to ask UK Finance or individual lenders for their views as they could answer more fully, but different lenders may take different views on this matter.

**4. Do you have any suggestions as to what could be done to make it more likely that mortgage lenders would grant mortgages to those infected and affected by contaminated blood?**

4.1 I know the Scottish Government has had previous engagement with the Council of Mortgage Lenders on this matter. And as noted above, I understand from SIBSS that lenders do grant mortgages to the infected and affected. However, in light of the changes in payments made last year in relation to the other UK nations' schemes, if the Inquiry has evidence that beneficiaries are not able to access mortgages for reasons relating to their infected blood scheme payments, it might

be helpful for the four UK governments to ask UK Finance to update its mortgage lending members on the UK infected blood support schemes. This might give them greater reassurance around Ministers' long-term commitment to financial support for the infected and affected as well as, for those buying a home with a spouse or partner, reassurance that the spouse or partner would receive payments if the infected person died during the term of the mortgage. It might also be helpful to ensure clarity for lenders about the payments being exempt from income tax and not impacting on means-tested benefits entitlements as this would help ensure lenders understand that the actual income value of SIBSS or other infected blood scheme payments is higher than an equivalent gross salary.

### **Statement of Truth**

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

Signed \_\_\_\_\_

**GRO-C**

Dated \_\_\_\_10 October 2022\_\_\_\_\_

### **Table of exhibits:**

<b>Date</b>	<b>Notes/ Description</b>	<b>Exhibit number</b>
29/08/19	Letter to lenders provided to Haemophilia Scotland for a member	WITN0713019