Witness Name: Samantha Baker
Statement No.: WITN0713020
Exhibits: WITN0713021 - 025
Dated: 25 January 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SAMANTHA BAKER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 March 2021.

I, Samantha Baker, will say as follows:

Question 1:

1. **Please explain the contribution of the Scottish Government to the development of the Terms of Reference of the Short-Life Working Group [WITN0713016, page 4].**

   1.1 I have not been able to establish the full details in relation to this as there is little information saved in our files regarding how the terms of reference were drafted. However, having sought advice from colleagues who were involved, I believe that the chair of the group, Professor David Goldberg, discussed and agreed the suggested draft terms of reference with at least one Scottish Government official (Gareth Brown) before proposing them to the working group. An email of 31 July 2015 [WITN0713021] shows that Professor Goldberg had certainly discussed the recommendations with Gareth Brown before circulating them to the working group. The terms of reference were then agreed by the members of the working group at its first meeting in October 2015.

1.2 The group did not only include the Scottish Government and SNBTS; it was chaired by Professor Goldberg of Health Protection Scotland (HPS, now part of Public Health Scotland) and also included members from HPS, charities representing those affected by infected blood, Glasgow Caledonian University and other health professionals with relevant expertise in relation to Hepatitis C [WITN0713016, page 25].

Question 2:

2 a. Please detail the specific actions taken to deliver the targeted awareness campaign.

2.1 A public information notice was issued in October 2016 (see [WITN0713022], Robert Girvan's email to the short-life working group of 5 October 2016 for copies of the leaflet, poster and information provided on the NHS Inform website). This aimed to raise awareness among the public to encourage those who may have had a blood transfusion before September 1991 to come forward for an HCV test. 380,000 leaflets and 7,500 posters were distributed across Scotland with a covering letter from Gareth Brown, then Deputy Director for Health Protection Division [WITN0713023]. These were issued to GP practices, pharmacies, Health Boards/hospitals, Care Homes, Citizens Advice Bureaux, dentists, leisure centres, libraries, community centres and out of hours centres in order to ensure the best chance that everyone would see the leaflets or posters at least once.

2.2 Details of how many leaflets and posters were supplied to each type of venue are included in the table on the next page:

	Leaflets	A4 Poster	Covering Letter
14 Territorial Health Boards	5000	250	14
3rd Sector	1740	87	87
A & E (Emergency Departments)	1900	95	95
Care Homes	18520	926	926
Citizens Advice Bureaux	1860	93	93
Community Centres	8680	434	434
Dentists	20240	1012	1012
GP Practices	282085	2388	966
Hospitals	1900	95	95
Leisure Centres	5360	268	268
Libraries	2580	129	129
Out of Hours Services	1400	70	70
Pharmacies	25060	1253	1253
Special Health Boards	200	10	10
Total Amounts	380000	7500	5500

2.3 The venues were encouraged to display the posters and make the leaflets available. People who felt that they may have been affected by this were encouraged to speak to their GP practice, visit the NHS inform website, where additional information about HCV and the risks from blood transfusions was provided, or contact the Hepatitis helpline, managed by Hepatitis Scotland.

2.4 In addition, the Scottish Government and stakeholders used social media to raise awareness of the campaign and the materials were made available on the Hepatitis Scotland website[1].

[1] See https://web.archive.org/web/20210617061814/http://www.hepatitisscotland.org.uk/penrose-inquiry-awareness-campaign/

2 b. Please detail the outcome of the targeted awareness campaign, in particular the number of patients identified through the campaign as having received a blood transfusion pre-1991, the number of HCV tests carried out, and the number of patients identified as infected with HCV.

2.5 Please see the email from Allan McLeod of Public Health Scotland (PHS, formerly HPS) of 21 June 2018 and accompanying leaflet, paper and PowerPoint graph [WITN0713024], the paper from Campbell Tait (formerly of Glasgow Haemophilia Centre, NHS Greater Glasgow and Clyde) of March 2018 [GRAM0000060_005] and the email from Yvonne Powell of Health Scotland (now PHS) of 25 July 2017 regarding NHS Inform website analytics for more information on this [WITN0713025].

2.6 In relation to the awareness campaign, it was not possible to gather full data, but the paper from Allan McLeod [WITN0713024, pages 3-17] shows the data in relation to three NHS Boards (covering 35% of the Scottish population). It shows that there had already been a spike in people seeking HCV testing following the publication of the Penrose Inquiry report as there was widespread media reporting. There was also a more modest increase in the number of people seeking HCV tests in the weeks following the launch of the awareness campaign where a blood transfusion was mentioned as the reason for seeking the test. However, as noted in the paper, in a proportion of cases no reason is noted for seeking an HCV test and therefore there might be other cases of patients being tested due to a previous blood transfusion. The PowerPoint graph attached with Allan McLeod's email [WITN0713024, page 18] shows the number of HCV tests carried out in the three NHS Board areas looked at and it is assumed that, in line with the request to GPs when the awareness campaign materials were sent out, that all those who came forward as a result of the campaign were tested for HCV if they had had or thought they might have had a blood transfusion prior to September 1991.

2.7 The Scottish Government does not have detailed data on the outcomes of the HCV tests for those who indicated that they had had or may have had a blood transfusion. However, as noted in the paper attached to Allan McLeod's email of 21 June 2018 [WITN0713024, pages 3-17], fewer than 1% of those tested for HCV in the three NHS Boards studied who mentioned a blood transfusion as a reason for seeking a test were found to be HCV positive during 2015 and 2016 (compared 3.7%

of tests being positive when all HCV tests carried out in those three areas in those years were looked at).

2.8 Separately, the Scottish Government has previously provided to the Inquiry the paper from March 2018 from Professor Campbell Tait [GRAM0000060_005] regarding the process of seeking to identify, contact and test any patients with a mild bleeding disorder who were not known to have previously been tested for HCV. This paper confirms that an additional three patients were identified as HCV positive as a result of this exercise which was recommended by the short-life Working group. One of those patients was living in Scotland and two were living in England.

2 c. Given the inherent difficulties in estimating the numbers of patients who were infected with HCV from blood transfusions prior to September 1991 (acknowledged within the Report at paragraph 6.1.1) please explain why the sole recommendation of Lord Penrose to take, "...all reasonable steps to offer an HCV test to everyone in Scotland who had a blood transfusion before September 1991 and who has not been tested for HCV." was not implemented by the Scottish Government.

2.9 The Scottish Government believes that this recommendation has been implemented. The recommendation was that the Scottish Government take 'all reasonable steps' to offer a Hepatitis C (HCV) test to those who had had a blood transfusion prior to September 1991. The short-life working group identified the reasonable steps available to the Scottish Government and those are encompassed by the awareness campaign, the work to identify and contact those with mild bleeding disorders, as well as the supporting CMO letter from 20 September 2016 [WITN5672003].

2.10 In identifying the reasonable measures, the short-life working group considered both the effectiveness and proportionality of proposed actions, and made recommendations accordingly. As is noted in the group's report a number of options for action were considered, but were rejected as being unlikely to be sufficiently effective and/or as being disproportionate given the small number of people estimated to have been infected by blood transfusion but who were undiagnosed. I understand that the group's recommendations were agreed by all the group's members.

2.11 The Scottish Government accepted the group's recommendations because the group members had expertise in the relevant areas to enable it to consider the feasibility, practicality and likely effectiveness of the options it considered and discussed.

Statement of Truth

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

GRO-C

Signed _____

Dated _____25 January 2023_____

Table of exhibits:

Date	Notes/ Description	Exhibit number
31 July 2015	Email from HPS to Robert Girvan regarding the proposals for the short-life working group.	WITN0713021
July 2016	The Penrose Inquiry Recommendation: Report of a Scottish Government Commissioned Short-life Working Group.	WITN0713016
5 October 2016	Email from Robert Girvan to members of the short-life working group with awareness campaign materials.	WITN0713022
October 2016	Covering letter from Gareth Brown sent to GP practices, pharmacies, Health Boards/hospitals, Care Homes, Citizens Advice Bureaux, dentists, leisure centres, libraries, community centres and out of hours centres about the public information notice.	WITN0713023
21 June 2018	Email from Allan McLeod, HPS, to Robert Girvan and Sam Baker attaching a paper on HPS' evaluation of the impact of media coverage of publication of the Penrose Inquiry report and the awareness raising campaign on HCV testing among blood transfusion recipients.	WITN0713024
March 2018	Paper from Campbell Tait of NHS Greater Glasgow and Clyde setting out details of patients identified and tested following the lookback exercise for those with mild bleeding disorders who may not have been tested for HCV.	GRAM0000060_005
25 July 2017	Email from Yvonne Powell, Health Scotland, to Robert Girvan with analytics information on visits to the relevant NHS Inform webpage.	WITN0713025
30 September 2016	Letter from Robert Girvan, Chief Medical Officer, to Scottish National Healthcare professionals reminding them of the importance of considering the possibility of hepatitis C infection when assessing patients.	WITN5672003