

Witness Name: Daniel Clutterbuck

Statement No: WITN4064001

Exhibits:

Dated: January 2020

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF DANIEL CLUTTERBUCK

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I, Daniel Clutterbuck, will say as follows: -

**1. Name, address and role.**

My name is Daniel Clutterbuck and I am based at the following work address:

Lothian Sexual and Reproductive Health Services,  
Chalmers Sexual Health Centre,  
2A Chalmers St,  
Edinburgh,  
EH3 9ES

I am a Consultant in Genitourinary and HIV medicine and Clinical Lead for Sexual and Reproductive Health for Edinburgh Health and Social Care Partnership. I am Chair of the Scottish Health Protection Network (SHPN) HIV Clinical Leads (HCL). I will confine my response to the provision of services to those affected by HIV.

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

As outlined by Scottish Government colleagues, psychological therapies for the patients affected by HIV infection are provided by territorial NHS Boards in Scotland. It is the responsibility of these Boards to provide necessary evidence-based treatments for people in general.

For a limited number of specialist services, these 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.

In addition, while services for those with inherited bleeding disorders are not commissioned by NSD as a specialist service (there are five haemophilia centres in Scotland), the Scottish Government and NSD jointly fund a haemophilia psychological support service. HIV Clinical Leads are involved with the provision, of services, including psychological support, to all those affected by HIV infection.

**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.**

Scottish Government will respond to this question.

**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.**

Territorial NHS Boards are guided in their provision by the Psychological Therapies Matrix published by NHS Education Scotland (NES). The Psychological Therapies Matrix is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. 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 psychological services for those affected by HIV infection acquired through infected blood is available through specialist HIV clinical services, for those co-infected with Hepatitis C, through Hepatitis C clinical services and through dedicated services including the haemophilia psychological support service. With the exception of the haemophilia support service, these are all services open to individuals affected by (and in most cases infected with) blood borne viruses (BBV) regardless of route of acquisition. There is also access, as for other patients, through generic (sector) psychology and psychiatry services, general practice and other primary care services.

All specialist HIV care services in Scotland provide access directly or by referral to clinical psychology and psychiatry services. In five territorial boards there is dedicated psychology provision within the HIV service and all services have

established referral pathways for psychological support. In addition, many services have core clinical staff trained to provide basic counselling and support for all clients.

HIV services in Scotland have, since 2005, been co-ordinated by a national network of HIV Clinical Leads, accountable through a governance structure currently via the Sexual Health and BBV Strategic Leads to the Coordinating Group of Scotland's Health Protection Network. Through these structures, the expectations of Scottish Government, as outlined in the Sexual Health and BBV Outcomes Framework, are defined and monitored. Service standards and performance management is co-ordinated through a number of mechanisms.

All HIV services in Scotland have been self-assessed against the Health Improvement Scotland (HIS) Standards Human Immunodeficiency Virus (HIV) Services, 2011. HIS Standards anticipate a minimum access level to all services for those living with HIV. For both psychological and psychiatric services, the expectation is that referral to a generic service would be available locally and referral to an identified HIV specialist service would be available regionally/nationally. The British HIV Association (BHIVA) published Standards of psychological support for adults living with HIV in 2011 and these have informed the development of clinical services across Scotland. The BHIVA Standards of Care for People Living with HIV (2013) include standards for psychological wellbeing and support and the BHIVA National Clinical Audit, 2017 audited services against these standard statements. The majority, if not all, services in Scotland took part in this audit. The SHPN HCL Group reviewed the most recent BHIVA Standards of Care for People Living with HIV (2018) in 2019 with a specific focus on Standards for mental health, cognitive impairment and emotional well being.

Support for those affected by, but not infected with, HIV infection is also available through the routes described and through a range of commissioned specialist third-sector services. Sexual health services throughout Scotland have dedicated Health Advisers equipped with the skills to counsel individuals presenting at risk of and/or concerns regarding sexual acquisition of BBV. In many sexual health and HIV care services such skills are embedded within clinical teams through training in techniques including Motivational Interviewing and Trauma Informed Care.

These services are available to all those affected by HIV infection and are in addition to the dedicated haemophilia psychological support service described in other responses.

**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.**

SHPN HCL endorse the response of Scottish Government regarding the haemophilia psychological support service and the Scottish Infected Blood Support Scheme.

The recent response to the Grenfell Tower fire would appear to reflect some of the learning and progress made in addressing trauma over the last 30 years. With regard to HIV clinical care; stigma and psychological trauma, regardless of the mode of acquisition, have been a well recognised part of care since the onset of the epidemic. Larger centres have provided dedicated psychological support with specialist BBV knowledge since at least the early 1990s. Since then, the formalisation and development of psychological screening techniques, pathways and interventions have increased dramatically, particularly in the past 15 years, and these have been available to all those accessing care.

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

**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?**

Professor John Dillon and others will provide responses to these questions.

### **Statement of Truth**

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

Signed

GRO-C

Dated 280120