

Witness Name: Daniel Clutterbuck
Statement No.: WITN4064002
Exhibits: WITN4064003
Dated: 05/10/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DANIEL CLUTTERBUCK

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

I, Daniel Clutterbuck, will say as follows: -

Section 1: Psychological Support

1. The Inquiry understands that since your statement WITN4064001 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 provide details of this service to date and give details of any feedback from users of the services.

1.1 I have no involvement in this service and I am not aware of any patient attending the clinic at Chalmers who accesses this service. I am not therefore able to provide the information requested.

2. Please provide any further updates arising from your previous statement to the Inquiry.

2.1 The services described in my original statement remain in place. In common with many other NHS services, there were significant changes to models of service delivery for HIV care from March 2020. Changes were collated and reported via The Scottish Health Protection Network (SHPN) HIV Clinical Leads and eventually led to the development and publication of a Sexual Health and Blood Borne Viruses (SHBBV) recovery plan in August 2021 (WITN4064003). It was notable that unlike many other aspects of SHBBV provision including testing, the provision of ongoing care for people living with HIV was successfully maintained across Scotland and the UK:

Extract: 'For treatment of people diagnosed with HIV, rapid service re-design with mitigations successfully maintained routine out-patient care with reduced capacity during lockdown. Remote consulting systems were used where possible, with in-person access offered for urgent or complex problems and newly diagnosed patients. Treatment supply was maintained in all cases through a combination of medication delivery using national contracts or local pharmacy collection arrangements. These clinical efforts were complemented by third sector organisations, which provided information and support, and in some instances delivered medication to those unable to leave home.'

2.2 Feedback from HIV Leads during and after the period when Covid restrictions were in place suggest that the delivery of one-to-one psychological interventions was maintained through the use of telephone and video consultations. Face-to-face support from community organisations largely ceased but was replaced by online support.

2.3 Since mid-2021 there has been a gradual reinstatement of services including face-to-face consultations for patients who wish them. Redesign as a result of Covid has resulted in a more permanent change to models of care, meaning that telephone or video consultations are offered more routinely as an option. This increases flexibility and access for some patients with social, psychological or systemic barriers to care.

2.4 Overall, I am aware of no reduction and of no significant increase in the provision of specialist psychological support for people living through HIV treatment and care services since my last statement in 2020.

Statement of Truth

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

Signed

GRO-C

Dated

05/10/22

Table of exhibits:

Date	Notes/ Description	Exhibit number
August 2021	Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Virus Services	WITN4064003