

Witness Name: Miriam McCarthy

Statement No.: WITN4067001

Exhibits: WITN4067002

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MIRIAM McCARTHY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 10 January 2020.

I, Dr Miriam McCarthy will say as follows: -

Part A: Provision of Psychological Support

1. Please set out your name, address and your role within the RHSCB.

1.1 My name is Dr Miriam McCarthy. I am Director of Commissioning for the Regional Health and Social Care Board. My professional address is Health and Social Care Board Headquarters, 12-22 Linenhall Street, Belfast BT2 8BS.

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

2.1 Psychological services are commissioned and funded by the HSCB. Services are provided in each of the five HSC Trusts in Northern Ireland.

3. If psychological services are the commissioning responsibility of the RHSCB (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.

3.1 The HSCB commissions clinical psychology services from each Trust. The normal practice of the Regional Liver Unit based in RVH is to refer a patient to the Trust clinical psychology service if there is a perceived need – either by the clinical team or by the patient. This most commonly occurs with the liver transplant population. It is not routine practice to refer a patient to clinical psychology services on the basis of a clinical diagnosis of hepatitis B or C alone.

3.2 Additional clinical psychology support was funded on 2012/13 specifically associated with the demand for the service as a result of the increasing number of patients in Northern Ireland with a diagnosis of HIV. The additional funding made available allowed the Trust to increase the clinical psychology team by one whole time equivalent band 8A clinical psychologist.

4. If psychological services are the commissioning responsibility of another organisation or agency (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 RHSCB 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.

4.1 Not applicable – see answer under question 3

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 Northern Ireland 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.

5.1 Services for patients with HIV, HBV and HCV are provided by Belfast Trust on behalf of the region. The Trust established a working group in September

2018 to consider the implications of the Infected Blood Inquiry work as this relates to Northern Ireland.

- 5.2 At an early stage the working group identified a requirement for additional psychological support specifically in respect of the needs of those people in Northern Ireland directly impacted as a consequence of infected blood products. A proposal was submitted to the Department of Health and resources were made available for Belfast Trust to put in place dedicated clinical psychology capacity to meet these needs. The resource made available equates to three days per week of dedicated support.

Part B: Treatments for Hepatitis C virus and follow-up care

- 6. Please outline how HCV treatment is commissioned and funded in Northern Ireland.**

- 6.1 Services for people with the HCV are commissioned and funded by the HSC Board. HCV treatment is provided by the clinical team in Belfast Trust who provide a service for the region.

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

- 7.1 All NICE approved specialist drug therapies are available for HCV treatment in Northern Ireland (annex outlining approved drugs is attached, **[Exhibit WITN4067002]**). Over the past 4 – 5 years significant progress has been made by the clinical team in Belfast Trust in reducing the time taken for people with HCV to be seen at outpatients. There has also been a significant reduction in the time taken to access specialist drug therapies. These improvements have been achieved through the development of close working relationships between HSCB commissioning and the clinical team providing the service to reform the pathway for patients. Prior to November 2017, patients with HCV were offered a routine appointment and waited along with all other hepatology referrals for a first appointment. At its worst, this wait was over 12 months for a routine hepatology outpatient appointment. In November 2017, following agreement with the HSCB, the Belfast Trust commenced a series of waiting list initiative clinics dedicated to HCV patients. Over 40 clinics were delivered and due to an associated increase in the drugs budget the Trust treated over 200 patients in 2018. This progress was continued and by Autumn 2019, the waiting time for someone with HCV to be seen at clinic was reduced to around 8 weeks with a plan to start treatment within 3-4 weeks of assessment if the patient meets NICE eligibility criteria for 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?**

- 8.1 The clinical team in Belfast Trust has advised that all new patients with a diagnosis of HCV are offered blood tests (FBP, LFT, U+E, Coag, AFP, TFT, Hepatitis C PCR, HCV genotype, HCV viral load), an ultrasound scan and a Fibroscan.
- 8.2 Those who have chronic hepatitis C and are fit for treatment are offered treatment. If treatment is commenced, blood tests are carried out during treatment to ensure that liver tests remain satisfactory. At the end of treatment, hepatitis C status is checked (with HCV PCR TEST) and again 3 months after completion of treatment. If the PCR test is negative at end of treatment AND 3 months post treatment, this indicates successful clearance of the HCV infection. In previous years, it was also the practice of the Regional liver unit in RVH to do a check-up PCR test 1 year post treatment. In keeping with practice throughout the UK this is no longer required.
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?**
- 9.1 The clinical team in Belfast Trust has advised that patients who are PCR negative after treatment and who have a normal Fibroscan are discharged from the clinic. Those who have an indeterminate Fibroscan result will usually have a follow up Fibroscan at least 6 months after finishing treatment. If the Fibroscan is satisfactory they are discharged. Patients who have a Fibroscan suggestive of advanced fibrosis or cirrhosis are kept under long term review at the liver clinic. These patients require an ultrasound and blood test for alpha fetoprotein (AFP) every 6 months to screen for hepatocellular cancer. In addition, such patients have a 6 monthly clinic review.

Statement of Truth

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

Signed _____ GRO-C

Dated *24* February 2020