Witness Name: William Vineall
Statement No.: [WITN4688076]
Dated: [14/12/2022]

INFECTED BLOOD INQUIRY

EIGHTH WRITTEN STATEMENT OF WILLIAM VINEALL

I provide this Statement in response to a request under Rule 9 of the Inquiry Rules, dated 3 November 2022 and a further request date 28 November 2022.

I, William Vineall, will say as follows: -

Contents

Section 0: Introduction

0.1. My name is William Vineall. My professional address is 39 Victoria Street, Westminster, London SW1H 0EU.

0.2. I am Director of NHS Quality, Safety and Investigations at the Department of Health and Social Care ("the Department"). This is my 8th statement to the Inquiry, and I refer back to my previous statements for further information about my role and responsibilities. I gave oral evidence to the Inquiry on 21 May 2021.

0.3. I have been asked to provide more detail on the psychological support available in England to those infected and available. I am aware that Luisa Stewart from NHS England has provided the Inquiry with some evidence on this issue also.

Section 1: Chronology

1.1. In order to give some context to my answers to the questions in the rule 9 requests, I have set out a chronology of relevant events.

1.2. As explained in my third witness statement, dated 23 April 2021 [WITN4688055, at paragraphs 69 – 70]:

a) On 28 January 2020 a meeting took place between the then-Chancellor of the Duchy of Lancaster, Oliver Dowden, and then then-Parliamentary Under Secretary of State for Patient Safety, Suicide Prevention and Mental Health ('PS(PSM)'), Nadine Dorries, and a number of infected and affected individuals. Psychological support was one of the issues discussed and PS(PSM) undertook to seek expert advice from NHS England/ Improvement ('NHSE/I') on bespoke counselling and mental health support for the infected and affected.

b) On 4 February 2020 PS(PSM) had a meeting with Claire Murdoch from NHSE/I and then requested NHSE/I to investigate options for the provision of psychological support.

1.3. The work done by NHSE/I led to a Ministerial submission dated 5 March 2020, which was sent to PS(PSM) [EIBS0000709].

1.4. The submission explained that NHSE/I had outlined three options for the provision of psychological care which, in summary, were:

a) Option 1: improving signposting to existing psychological support on the EIBSS website. It was recognised this would have minimal additional benefit.

b) Option 2: extending some existing services such as the existing Red Cross counselling and support line. The submission explained that this would have only a marginal impact and would require a significant extension of the remit of such services.

c) Option 3: developing a bespoke service for those infected and affected. The submission stated:

> *"Similar to the models already in place in Wales and Northern Ireland, this service could offer initial psychological assessment and formulation, signposting to existing local services for most users, and then some specific psychological therapy service for those issues unlikely to be met by specific local services. The scale of demand for this service is not yet known, but initial estimates suggest that a team of three staff could provide a national telephone based service offering the mix of services outlined above and would cost an estimated £360k per year."*

1.5. Further details about each option were contained in Annex A to the submission.

1.6. The recommendation to PS(PSM) was to ask departmental officials and NHSE/I to develop the proposals for a bespoke NHS psychological support service (i.e. option 3). Paragraph 10 of the submission expressly stated:

> *"This would need to be proportionate. We do not yet know the level of demand for this service. More work is needed to test the clinical need, what existing services can already offer, and how this service will sit alongside existing pathways."*

1.7. On 17 March 2020 PS(PSM)'s private office communicated to officials that she would like to progress option 3 of the submission [EIBS0000697].

1.8. At this point in March 2020 (and as explained in my third witness statement dated 23 April 2021), infected beneficiaries, bereaved spouses/ partners and their families were entitled to up to £900 per year, per applicant, to fund counselling privately (if that was a person's preference). To support an application, the applicant needed to obtain a letter from his/ her GP and be on an NHS waiting list. This was intended to supplement the psychological support generally available via the NHS.

1.9. In April 2020 a submission informed Ministers that it had been agreed with EIBBS that, where beneficiaries wished to access mental health support, they could request an immediate £900 for private support. This had the goal of making it easier and quicker to access support.

1.10. As explained in my third statement, this coincided with the Covid-19 pandemic which, it was recognised, could put extra pressure on already vulnerable groups. A change in policy, which could be implemented quickly, was agreed between the Department and NHSBSA so that beneficiaries would be able to receive funding for counselling without GP approval or the need to access waiting lists.

1.11. This submission also advised that NHSE/I had limited capacity, because of Covid-19, to take forward the request to work with the Department to develop proposals for bespoke psychological support.

1.12. As I explained when giving evidence to the Inquiry on 21 May 2021, there had been less progress on exploring option 3 than the Department would have hoped because of the Covid-19 pandemic [INQY1000121 at pg 142].

1.13. On 25 March 2021 the Paymaster General, Penny Mordaunt, gave a written ministerial statement announcing changes to the four UK Blood Support Schemes to bring them into broader parity and the intention to appoint an independent reviewer to carry out a study, looking at options for a framework for compensation. In this she also referred to changes made in May 2020 to how EIBSS' beneficiaries could access psychological support, and to the Department continuing to work with EIBSS and NHSE/I to review if further improvements were necessary to the psychological support which was available.

1.14. In my oral evidence to the Inquiry on 21 May 2021, I explained that the Department had recently had a meeting with EIBSS and NHSE/I and the "*gist*" of that discussion was that the Department wanted to move to a bespoke service with a clinician embedded in EIBSS who could act as a signposting pathway. I explained that the action from the meeting was for NHSBSA to "*work up a first draft service specification*". This would have clinical input from NHSE/I.

1.15. I am informed that NHSBSA started work to prepare to draft a service specification and in the process, reached a conclusion that signposting beneficiaries to appropriate services would involve a clinical assessment and it would not be possible for NHSBSA to commission a service that included clinical assessments (NHSBSA does not provide clinical services. This is in contrast, for example, WIBSS which is hosted by the Velindre NHS University Trust). I understand that the Department was informed by NHSBSA in December 2021 that this conclusion had been reached.

1.16. From December 2021, once it was recognised that NHSBSA could not have a clinician embedded in it (and so a draft service specification was not prepared), then other options started to be scoped.

1.17. A submission, dated 29 March 2022, was sent to the Parliamentary Under Secretary for Patient Safety and Primary Care, Maria Caulfield. This provided the Minister with an update on work on psychological support and set out proposals for making improvements to such support.

1.18. The submission noted that take-up of the £900 grant for privately paid psychological support was low, and stated that there was a lack of firm evidence to explain the reasons for this. It referred to feedback from beneficiaries and stakeholders which had highlighted three criticisms of what was available through EIBSS at that time, namely:

a) Some people with more complex needs required longer-term or ongoing support costing more than £900/ year and counselling was not the most appropriate treatment for everyone;

b) It could be difficult for an individual to know how to find the right healthcare practitioner and some may find the application process daunting; and

c) Lack of knowledge on the part of practitioners or a lack of bespoke services may mean some individuals feeling like they needed to educate healthcare practitioners about infected blood.

1.19. In addition, the submission explained that the Department had worked with NHSE/I and NHSBSA to explore establishing a bespoke psychological support service, which would involve a dedicated team working directly with EIBSS beneficiaries and their families, similar to the approach adopted by the devolved administrations. It reported that three difficulties with establishing a bespoke service at this time had been identified:

a) Lack of precise detail to inform a service specification of the services needed and how these might map onto existing mental health services, to ensure care was properly integrated;

b) Identifying a viable route to commissioning these services had not been identified at that time.

c) Prioritisation of access to services based on clinical need is a core principle of the NHS, as contained in the NHS Constitution. Providing a bespoke service could run contrary to this.

1.20. A number of options were set out, while officials carried out more detailed analysis of these three issues:

a) Option 1: Expanding the £900 grant to include access to a wider range of evidence based talking therapies, beyond counselling.

b) Option 2: This would include option 1 plus formalising discretionary arrangements to enable beneficiaries to apply for funding to access longer term treatment; providing better information to help people choose the appropriate practitioner; and working with practitioners to develop a resource to better understand the "*infected blood context*".

c) Option 3: This would include option 2 plus using a charity to deliver a non-clinical support service to assist beneficiaries with choosing an appropriate practitioner and applying to EIBSS.

d) Option 4: no change.

1.21. The recommendation to the Minister was:

a) To implement option 1;

b) To work with NHSE/I, NHSBSA and stakeholders to understand how options 2 and 3 could be delivered and the cost implications;

c) To provide a further note once this had been done; and

d) To continue to explore how to address the difficulties associated with introducing a bespoke psychological support service for EIBSS beneficiaries.

1.22. The Minister accepted these recommendations.

1.23. Following the advice from the NHSBSA not to proceed with the signposting service in December 2021, Departmental officials worked up a research proposal to inform the development of a bespoke service for those infected and affected. This work was initiated in January 2022, the bid was accepted in March 2022, and the start of the commissioning process was reported to Ministers in the submission of 29 March 2022. The research aimed to ascertain:

a) What is the current and likely future need for psychological support for individuals historically infected with HIV and/or hepatitis C as a result of treatment with NHS blood/blood products and affected families?

b) How might this need change as the IBI concludes and government responds to its recommendations?

c) To what extent are existing services able to meet current needs?

d) What, if any, routes are individuals taking in order to access support, e.g., mainstream mental health services, specialist centres (e.g. for haemophilia), private providers via the EIBSS grant, charities (e.g. Red Cross)?

e) What are individuals' experiences of accessing these services?

f) What are the barriers/enablers to access?

g) For those accessing services through the EIBSS, what providers are they using, how often, etc?

h) For those not using services via EIBSS, what are their reasons for not doing so?

i) What are the experiences of practitioners providing these services?

j) How well prepared do practitioner believe they are to meet the specific (current and future) needs of this group?

k) What else is needed to meet the psychological support needs of this group?

1.24. The Department has asked the Policy Innovation and Evaluation Research Unit ('PIRU'), commissioned through the National Institute of Health Research ('NIHR') to undertake this work. The study started in August 2022 and the proposed end date is May 2023, although this is dependent on how the fieldwork progresses.

1.25. In August 2022 the changes approved by the Minister in March 2022 were implemented (enabling funding to be used for evidence-based therapies beyond counselling). NHSBSA also made improvements to the information on the EIBSS counselling section of the website, with the help of specialist clinical advice from NHSE. The changes informed beneficiaries that other kinds of therapies, beyond counselling, could be accessed and aimed to make the website more user-friendly.

1.26. A further submission dated 31 August 2022 was sent to the Parliamentary Under Secretary, James Morris. This gave an update on improvements to, and work on, psychological support for the infected and affected.

1.27. The submission explained that:

a) The counselling support grant had been expanded to other talking therapies.

b) Officials had worked with NHSBSA and NHSE to formalise what had been discretionary arrangements to fund ongoing treatment, where funding beyond £900 was sought.

c) Improvements had been made to the EIBSS website to assist beneficiaries in choosing the right practitioner for them.

d) A small group of clinical psychologists had started work on developing a resource for practitioners.

e) PIRU had been commissioned to undertake research into the current and likely future psychological needs of EIBSS beneficiaries, the extent to which existing services meet those needs, and beneficiaries' experiences of accessing support. The submission stated "[t]*his work aims to help inform decisions on further developments to the psychological support offer.*"

1.28. In relation to the level of funding available, I understand that, for a small number of people, private psychological support costing more than £900 had been sought and EIBSS had put in place arrangements for the relevant healthcare professional to invoice NHSBSA directly. This enabled longer-term treatment for those beneficiaries. On 1 September 2022 the Minister's private office replied to say he had noted the progress update and agreed to make this a formal part of the EIBSS psychological support offer on a trial basis.

1.29. I am informed that NHSBSA is currently working on putting in place the necessary procedures for this to become a core part of the service available. Once this work is complete the EIBSS website will be updated. NHSBSA has informed the Department that it aims to do this in January 2023. It has also informed the Department that information will be communicated to the support groups (the Haemophilia Society, Terrence Higgins Trust, and the Hepatitis C Trust) and to all beneficiaries as part of the annual payments' communications in February/ March 2023.

Section 2: Specific Answers to Rule 9 Request dated 3 November 2022

2.1. I now turn to the specific questions in the rule 9 request dated 3 November 2022.

Practitioner-Facing Resource

2.2. I am asked to explain the Department's approach to developing a practitioner-facing resource with background information about the impact of infected blood and blood products. I am asked to include information about the likely time frame for this; and consultation with people infected and affected, and practitioners providing specialist support.

2.3. As explained above, the submission in March 2022 identified that such a resource could be prepared for practitioners. The submission in August 2022 explained that a small group of clinical psychologists had started work on developing this.

2.4. The resource is intended to provide mental health practitioners with high-level background information about infected blood and blood products in order to support practitioners in providing appropriate care to infected or affected persons. The resource will be prepared in advance of PIRU reporting on its research. It is intended to be a short, easily accessible document [an 'aid-memoire'] that can be updated and amended, as required, in light of relevant research findings and feedback.

2.5. Through a contact provided by NHSE, the infected blood policy team in the Department has identified a small group of psychologists with relevant experience to lead on developing this resource. I am informed that the group is committed to the importance of ensuring the resource is led by experts and

also informed by the experiences of the infected and affected, who may wish to access mental health services, and drafted with the input of the infected and affected.

2.6. I understand the group is agreeing time frames and it is expected the resource will be developed by Spring 2023.

Research

2.7. I am asked to explain the Department's approach to commissioning additional research to inform a "gap analysis" about psychological treatment needs of people infected and affected. I understand the phrase "gap analysis" was used in Luisa Stewart's witness statement on 27 October 2022 [WITN7272001]. I am asked to include information about the likely time frame; and consultation with people infected and affected, as well as practitioners providing specialist psychological support.

2.8. In the chronology section of this statement, I explained the research the Department has commissioned, and I take this to be what the term 'gap analysis' refers to, even though it is a piece of research commissioned by DHSC from PIRU. I am informed that, in order to answer the questions behind the research, PIRU's intention is to ask EIBSS beneficiaries about their psychological support needs and experience of psychological support services and to undertake in-depth interviews with individuals, relevant charities and NHS mental health services staff. The interviews are intended to provide understanding of experiences of using, or not using, services; reasons for choosing a particular route; ease of access and perceived need for continued support. This information can then inform a service specification.

Updating the EIBSS Provision for Psychological Support

2.9. The Inquiry has referred me to paragraph 8 of Luisa Stewart's witness statement dated 27 October 2022 [WITN7272001] and asked to provide the timeframe for updating the EIBSS provision of £900 support for psychological treatment. I think the Inquiry intends to refer me to paragraph 8d which states "*We* [i.e. NHSE] *understand that DHSC has asked NHSBSA to publish additional enhancements to the EIBSS offer on their website in the next few months.*"

2.10. I have answered this question in the chronology above at paragraph 1.29.

Section 3: Specific Answers to Rule 9 Request dated 24 November 2022

3.1. I now turn to the specific questions in the rule 9 request dated 24 November 2022

Current Approach to Providing Psychological Support

3.2. The Inquiry has referred me to:

a) Extracts from the oral evidence given to the Inquiry by the Secretary of State for Health, Matt Hancock, and by me on 21 May 2021 [INQY1000121, p137 – 138 and p142 – 143); and

b) A Ministerial submission to PS(PSM) dated 5 March 2020 [EIBS0000709]. This submission is referred to in the chronology at paragraphs 1.3 – 1.6 above.

c) Emails in March 2020 linked with that submission, including an email dated 17 March 2020 from PS(PSM)'s private office [EIBSS0000697]. This is referred to in the chronology at paragraph 1.7 above.

3.3. By reference to these documents, I am asked to explain whether the current approach to providing psychological support to infected and affected persons is consistent with the oral evidence given to the Inquiry on 21 May 2021 and option 3 of the submission dated 5 March 2020.

3.4. I refer the Inquiry back to the chronology set out above. That explains the current arrangements for providing psychological support, and improvements that are being put in place. In addition, it explains ongoing work towards 'option 3' of the submission dated 5 March 2020. The possibility that such work would be undertaken before a bespoke service was commissioned was identified in paragraphs 10 and 11 of that submission.

3.5. In the event that the current psychological support available does not reflect option 3 of the submission dated 5 March 2020, I am asked to explain the reasons for this. I am asked to identify when the decision was made, and by whom, not to proceed with option 3.

3.6. As explained in this statement, the current psychological support does not yet reflect option 3 of the submission dated 5 March 2020. The chronology section of my statement sets out the work being done to move towards a bespoke service, and why.

Requirement for "*Gap Analysis*"

3.7. I am asked to explain why it is the Department's view that there is a requirement for a "*gap analysis in light of the Scottish, Welsh and Northern Irish experience that the specialist psychological support systems have been effective…*" I am referred to oral evidence at [INQY1000260 pg 159 – 160]). I understand the reference to a "*gap analysis*" in Luisa Stewart's evidence to refer to the research the Department has commissioned, and as described above.

3.8. The research was commissioned in the context of continuing to explore how to address the difficulties associated with introducing a bespoke psychological support service for EIBSS beneficiaries.

Statement of Truth

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

Signed..... GRO-C .....

Dated.....14.12.2022.....