

Witness Name: Mr Brendan Whittle

Statement No.: WITN7260001

Exhibits:

Dated: October 2022

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF BRENDAN WHITTLE**

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

#### **Section 1: Introduction**

##### **1. Personal Details**

- 1.1 My name is Brendan Whittle. I am Director of Hospital and Community Care at the Department of Health, Strategic Planning and Performance Group. I have been in this post since July 2022. My professional address is Department of Health, Strategic Planning and Performance Group, 12-22 Linenhall Street, BELFAST, BT2 8BS
- 1.2 I am a Social Worker registered with the Northern Ireland Social Care Council.

##### **2. Roles and Responsibilities as Director of Hospital and Community Care**

- 2.1 As Director of Hospital and Community Care I am a member of the Senior Management Team of the Department of Health, Strategic Planning and Performance Group. I report directly to the Deputy Permanent Secretary. The Strategic Planning and Performance Group plans and oversees the delivery of health and social care services for the population of Northern Ireland. I lead the

Hospital and Community Care Directorate that is responsible for the planning, improving and overseeing the delivery of effective health and social care services within available resources.

**3. Membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.**

3.1 I am not a member, past or present of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference.

**Section 2: Ongoing Liver Care**

**4. In the statement provided to the Inquiry by Miriam McCarthy WITN4067001, Ms McCarthy set out the arrangements for follow up for a patient with cirrhosis. Please provide any updated information on this issue.**

4.1 The previous statement provided by Miriam McCarthy mainly related to the arrangements in place for treatments for Hepatitis C and relevant follow-up care. Under the section in the previous written statement on follow-up to Hep C treatment, reference was made to those patients who have a fibroscan suggestive of advanced fibrosis or cirrhosis. The information advised that these patients remain under the long-term review at the liver clinic in the Belfast Trust and 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. Belfast Trust would be best placed to advise on whether there has been any change or update to these arrangements.

**Section 3: Palliative Care**

**5. The Inquiry has received evidence (both written EXPG0000043 and oral INQY1000190) from a group of experts in palliative care in advance liver disease. One of the issues raised by the group was the variable access to**

**both palliative and end-of-life care for those with advanced liver disease.  
What if any plans are there in place to tackle this inequality?**

- 5.1 One of the key priorities of the regional NI Palliative Care in Partnership (PCiP) programme is the early identification of people who would benefit from a palliative care approach. A number of initiatives are underway to improve early identification of palliative care patients in both hospital and community settings.
  - 5.2 An algorithm called AnticiPal has recently been coded into the General Practitioners Information System (GPIP) which will generate a list a patients GPs should consider for a palliative care approach and the use of Supportive and Palliative Indicators Tool (SPICT) is widely promoted with acute and community HSC professionals – both these tools include specific clinical indicators for advanced liver disease. In addition, the PCiP programme is exploring the use of palliative care indicator tools to better identify patients across disease trajectories in Emergency Departments.
  - 5.3 Belfast Trust would be better placed to provide any additional information specific to arrangements that the Trust has in place for end-of-life care for those with advance liver disease.
- 6. Please outline any plans as to how the palliative care system (particularly for those with advance liver disease) might be improved in Northern Ireland.**
- 6.1 Palliative Care Service Improvement leads are employed in every HSC Trust and are working to raise the profile and process of palliative and end of life care services across specialist clinical areas. The PCiP programme are driving service improvements to ensure that every patient identified as benefiting from a palliative care approach will have a keyworker to co-ordinate their care and access to supportive generalist and specialist palliative care services where they wish to be cared for.

**7. Please provide any comment you consider relevant to the Inquiries Terms of Reference arising from the evidence of the expert group.**

7.1 Palliative care patients in Northern Ireland have access to specialist palliative care services in all acute hospitals and recent service developments have led to multi-disciplinary community specialist palliative care teams in all HSC Trusts.

**Section 4: Psychological Support**

**8. The Inquiry understands that there is a dedicated clinical psychology service available to all those affected directly or indirectly by infected blood, provided by the Belfast HSC Trust. Please provide an update as to (i) whether this service continues to be funded and the extent to which future funding is guaranteed; (ii) any information you have on the uptake of this service; and (iii) the services offered to those who apply.**

8.1 The previous statement provided by Miriam McCarthy provided an update in respect of the commissioning arrangements for psychological services in NI and in particular the arrangement in Belfast Trust linked to the Regional Liver Unit and provision of HIV services. Specific funding was provided for dedicated clinic psychology support (1 whole time equivalent Band 8A clinical psychologist) associated with the increasing number of patients with a diagnosis of HIV in Northern Ireland and this funding is provided recurrently and is available on an ongoing basis.

8.2 In 2018 Belfast Trust established a working group to consider the implications for those affected by infected blood. An initial area identified by this group was a requirement for additional psychological support and a proposal was submitted to the Department of Health. In 2018, the Department of Health and Health and Social Care Board were two separate organisations. Resources were made available by the Department of Health to allow Belfast Trust to put in place dedicated clinical psychology capacity to meet the psychological need of those affected by infected blood. The resource made available equated to three days per week of dedicated support. Belfast Trust would be best placed to advise on

whether this service is still funded and the number of people who have accessed the service. The Trust will also be better placed to advise if the service has been offered to those who apply.

### **Section 5: Patient Advocacy**

**9. Under what circumstances are patient advocates available for people with complex health conditions, such as advanced liver disease consequent to the use of infected blood and blood products?**

9.1 The Belfast Trust has an established Liver Support Group and the Trust would be best placed to provide information on the role and function of this group and whether there is any additional advocacy support available for people with complex health conditions, such as advanced liver disease, including for those whose condition is as a consequence of infected blood and blood product.

9.2 The NI Patient and Client Council might also be in a position to provide information on whether there has been any patient advocacy support provided through their organisation for the cohort of people affected by the use of infected blood and blood products.

### **Statement of Truth**

This statement as prepared is accurate to the best of my knowledge on the basis of information available to me since my transition to my current role in July 2022. I believe that the facts stated in this written statement are true.

Signed                       
                    1st November 2022  
Dated                       
                    October 2022

