

Witness Name: Luisa Jewell Stewart

Statement No: WITN7272001

Dated: 27<sup>th</sup> October 2022

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF LUISA JEWELL STEWART

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I, LUISA JEWELL STEWART, will say as follows:-

#### Section 1: Introduction

1. My name is Luisa Jewell Stewart. I work for NHS England and am based at Wellington House, 133-135 Waterloo Road, London SE1 8UG. My date of birth is: GRO-C 1972.
2. I am Director of Policy, Mental Health and Learning Disabilities and Autism at NHS England and have been in this post since January 2022. In this role I work across the Mental Health Programme and the Learning Disability and Autism Programme and I am accountable to the Senior Responsible Owner of those Programmes. I am responsible for the development and implementation of policies and strategies on mental health, learning disabilities and autism; ensuring clinical engagement and co-production with expert by experience in the work of the programme; and for communications and stakeholder management.
3. I have not been a member, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference.
4. I make this statement in response to a Rule 9 Request from the Infected Blood Inquiry on 16 September 2022.

5. In producing this statement on behalf of NHS England ("NHSE"), I have sought generic advice from colleagues in my team and also consulted, with the permission of the IBI, with those working on the issue of psychological support for those infected and affected by contaminated blood and blood products within the Department of Health and Social Care ("DHSC") and NHS Business Services Authority ("NHSBSA"). However, I confirm that this statement is my own and represents NHS England's position to the best of my knowledge and belief.
6. The questions asked are set out below together with my response.

**Question 1 - Claire Foreman provided a statement to the inquiry dated 18 February 2020 [WITN3953053] in which Ms Foreman set out the commissioning arrangements for psychological services that may be available for those infected and affected by contaminated blood and blood products. Have any specialist psychological services been commissioned to your knowledge, since that time, for those infected and affected by contaminated blood? If so, please give details.**

7. It may be helpful to first explain that NHSE has been working closely with DHSC and NHSBSA on the issue of psychological support for those infected and affected by contaminated blood and blood products because each body has particular remits. In particular:
  - a. DHSC is responsible for making the decision as to whether additional and/or different services need to be commissioned and to fund anything over and above the current provision;
  - b. NHSBSA is responsible for administering the England Infected Blood Support Scheme (EIBSS);
  - c. NHSE is responsible for providing clinical and operational advice to DHSC and to find a mechanism for commissioning of any decisions taken and funded by DHSC over and above the current provision.
8. NHSE's previous statement of 18 February 2020 [WITN3953053] and William Vineall's third statement of 23 April 2021 set out the position as at those times. Since then, a number of improvements have been made and are being made to the psychological support offer to those infected and affected. These include:

- a. Improvements to the EIBSS web pages, informed by specialist clinical advice from NSHE. This now includes signposting how to access NHS Talking Therapies services, as well as information about how to find a suitably qualified and skilled therapist if using the available £900 grants from EIBSS for independent psychological therapy.
  - b. A plan by DHSC to develop a practitioner-facing resource providing background information about the impact of infected blood and blood products, so that all practitioners seeing those infected and affected can be well informed without needing the person affected to explain the background again.
  - c. The commissioning of additional research by DHSC to understand in greater detail the psychological treatment needs of those infected and affected, so that a comprehensive gap analysis can be completed.
  - d. We understand that DHSC has asked NHSBSA to publish additional enhancements to the EIBSS offer on their website in the next few months.
9. Work continues across the three organisations (DHSC, NHSBSA and NHSE), within the scope of their respective remits outlined in paragraph 7 above, to consider whether additional improvements to the current offer can and should be made. The outcomes from the research referenced in paragraph 8(c) will also help inform those discussions.

**Question 2 - Are you aware that there is specialist psychology support available for those infected with hepatitis and HIV by blood and blood products in Scotland, Wales and Northern Ireland? In light of this, are there any plans for similar specialist support to be made available in England? If so, please give details. If not, why not?**

10. Yes, NHS England is aware that there is specialist psychology support service for infected and affected individuals in Scotland, Wales and Northern Ireland, meaning a specifically commissioned service that uniquely serves these individuals.
11. The same model has not at this time been adopted in England, although as set out in answer to Question 1 above, a number of improvements have been made to the current offer from EIBSS to support the effective uptake of high quality, evidence-based psychological therapy from NHS talking therapy services and funded independent practitioners.

12. A range of services continues to be commissioned that can offer good universal psychological treatment options for those infected and affected in England, as set out in the statement by Claire Foreman (WITN3953053). These include NHS Talking Therapies (IAPT) services, and services for more severe mental health problems.

13. Important considerations for potential additional provision include:

- a. The service context for NHS talking therapies in England is significantly different to that in Scotland, Wales and Northern Ireland. In England there are universal NHS Talking Therapy (Improving Access to Psychological Therapies; IAPT) services in every locality, which are highly accessible, well governed, evidence-based, effective psychological therapy services for common mental health problems (depression, anxiety disorders and post-traumatic stress reactions). Currently 88.7% of new referrals are seen by IAPT within six weeks<sup>1</sup>. NHS Talking Therapies (IAPT) services universally accept self-referral. This means they can be accessed without seeing a GP by those infected or affected. In most areas NHS Talking Therapies (IAPT) services also have good connections with physical health services, and employ psychologists and psychological therapists with particular expertise in the psychological consequences of long-term physical health conditions. The most common psychological consequences of infected blood are likely to include depression, anxiety disorders and post-traumatic stress reactions, which will usually be served well by IAPT services in England. The £900 funding of independent psychological therapy by EIBSS provides an alternative if specific needs cannot be met by IAPT, if there are any delays to access, or if a beneficiary would prefer an independent practitioner for any other reason;
- b. The larger geographical spread of those infected and affected in England, combined with the preference of many recipients of psychological therapy for a local service that they can attend in person. In England NHS Talking Therapies (IAPT) services can be provided in person in every locality or remotely, depending on patient choice; access to the £900 funding of

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<sup>1</sup> [Psychological Therapies: reports on the use of IAPT services, England, July 2022 Final including a report on the IAPT Employment Advisers pilot - NHS Digital](#)

independent psychological therapy for those infected or affected also allows access to in person therapy over a wide geographical area;

- c. The fact that needs for psychological therapy and support are likely to emerge across a long time period (many years). In England, NHS Talking Therapies (IAPT) services are part of longstanding provision and expected to continue in the long term, as will availability of a range of independent practitioners;
- d. A need to base the commissioning of any additional services on evidence regarding any needs that could better be met by additional services that are not already available in England. This was referenced by Mr Vineall in his third witness statement. DHSC has commissioned further research that will enable a more detailed understanding of any gaps in current provision.

14. NHSE will continue to advise and support DHSC and NHSBSA to review and enhance provision of psychological support and intervention and will be responsive to any funded request from DHSC to commission additional services, within available commissioning processes.

15. One final point I would like to make is that on considering some of the IBI's publicly available documentation and transcripts on this issue, I have noticed that there is a small inaccuracy in some oral evidence given on 21 May 2021 to the Inquiry. Reference is made in the transcript to one of my colleagues Claire Foreman as being the individual who met with DHSC to discuss the issue of psychological support. It was, in fact, my colleague Claire Murdoch, who met with DHSC on this issue. This is also confirmed by Mr Vineall in his third witness statement at paragraphs 69 – 70.

#### Statement of Truth

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

Signed:

GRO-C

Dated:

27<sup>th</sup> October 2022

