

Witness Name: BELINDA HACKING

Statement Number: WITN4063001

Exhibits:

Dated: 26 January 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF BELINDA HACKING

I, Belinda Hacking, will say as follows;

1. Name, address and role.

My name is Belinda Hacking and I am based at the following work address:

Dr Belinda Hacking
Director of Psychology Services for Lothian
Royal Edinburgh Hospital
Morningside
Edinburgh
EH10 5HF

This statement is provided in the context of my role as the Director of Psychology Services for Lothian and the Chair of the Heads of Psychology Services (HOPS) across Scotland. I work as a Consultant Clinical Psychologist. This statement will focus on the psychological services provided for those individuals infected with HIV and/or Hepatitis C (HCV) and/or Hepatitis B (HBV) as a consequence of infected blood or infected blood products.

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

Psychological therapies are provided by Territorial NHS Boards and Health and Social Care Partnerships across Scotland. As such, the Scottish Government does not commission psychological services per se. It is the responsibility of each Territorial NHS Board and Health and Social Care Partnership to provide evidence based psychological therapies as directed by the NES (NHS Education for Scotland) Psychology Matrix (2015). The Scottish Government has established a LDP ((Local Delivery Plan) Standard for the timely delivery of psychological therapies across Scotland; all Boards are expected to provide psychological treatment within 18 weeks of referral for 90% or more of those referred. Guidance is provided for Boards about

what is and is not included as part of the LDP Standard for Psychological Therapies. The NES Psychology Matrix provides direction about the clinical governance of psychological treatment to ensure consistent and high standards of service provision are met. Psychological services provide a range of functions beyond the delivery of psychological therapy, including consultancy, training, supervision and research.

The Scottish Government response provides further information about the specialist services that are commissioned through NSD (NHS National Services Division). As identified in this statement, the Scottish Government does not commission NSD to provide services for those with inherited bleeding disorders, although a specialist service to provide psychological support and psychological therapy for those with inherited bleeding disorders has been supported by NSD and the Scottish Government jointly, as described in the response to question 4.

3. If psychological services are the commissioning responsibility of the Scottish Government (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.

There are specialist services across some Boards for those affected by Blood Borne Viruses (BBV) with psychologists embedded in the multi-disciplinary team. These teams provide care for those who have HIV, Hepatitis C (HCV) and/or Hepatitis B (HBV), whatever the form of infection. For other Boards, referrals for formal psychological treatment may be made through the generic clinical health psychology service, adult mental health service, liaison psychiatry, the paediatric psychology teams or other CAMHS teams by GP's or Specialist Medical Services. The demand for service provision within these Boards is such that the generalist psychology therapy provision has been considered to be sufficient for those affected by blood borne viruses. The number of people referred in Scotland for psychological treatment who have been infected by contaminated blood products has not been identified at this time. All psychological services will provide care and treatment for those directly infected by blood borne viruses as well as others affected such as family members, as appropriate. For those who are able to engage in psychological treatment, it has been demonstrated that mood, psychological adjustment and quality of life can improve, as well as adherence to medication regimes.

The Terrence Higgins Trust and Waverley Care have been commissioned by several Boards to provide holistic support for those affected by blood borne viruses. (Waverley Care is a charity providing support to those affected particularly with HIV and Hepatitis C). The support provided through these 3rd sector organisations may include counselling as well as other supportive interventions. In Grampian, a 3rd sector organisation called 'The Anchor' provided funding for clinical psychology provision for people with bleeding disorders; NHS Grampian have taken over the funding now for a specialist psychologist to reach those affected by bleeding disorders, but also other haematological disorders and malignancies.

4. If psychological services are the commissioning responsibility of the NHS National Services Scotland and/or the Scottish Territorial Health Boards (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 Scottish Government 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.

The Psychological support service (PSS) for Inherited Bleeding Disorders (IBDs) was initially funded as a two-year pilot based in NHS Lothian and funded by the Scottish Government. The clinical psychologist (1.0) took up post in January 2016 and liaison psychiatrist (0.1) in September 2015. This is a lifespan service for those with IBDs and their families.

The Scottish Government (Scottish Infected Blood Support Scheme, SIBSS) and NSD jointly funded the extension of the initial PSS Lothian-based pilot into a national service in 2018. The Psychological Support Service (PSS) invited referrals from all Haemophilia Centres across Scotland including both Comprehensive care centres (Edinburgh & Glasgow) and regional services (Grampian, Highlands & Dundee). This expanded service incorporates (1) a weekly clinic in Glasgow and (2) a combination of satellite clinics supplemented with telemedicine via secure video conference for other geographical regions (e.g. Grampian, Highlands, Dundee).

Referrals are accepted for those with an IBD and their family members. People can access the service through their medical care-team, other mental health services, third sector or self-referral.

Close cross-agency working with Haemophilia Scotland, the Scottish patient representative organisation, has facilitated the advertisement of the service across Scotland. Attendance and presentations at various Haemophilia Scotland events and articles published about the service on their website and in their magazine 'The Wire' increased people's knowledge about and awareness of the service. The PSS has created links with the British Red Cross who are providing an emotional support service for participants throughout the National Inquiry. The British Red Cross will ensure that information about the Scottish PSS is available to anyone linked to the Inquiry who may be eligible to access it.

The Psychological Support Service (PSS) provides consultation, joint working and training as well as direct clinical interventions, so that an understanding of the person's psychosocial context and preferences contribute to management planning. A psychological approach to healthcare is incorporated into national guidelines and protocols through PSS membership of the steering group of the Managed Clinical Network for IBDS in Scotland and membership of the Scottish Government's working group, which reviewed the impact of Hepatitis C on people's physical and mental health. At the request of Haemophilia Scotland, the PSS attended the first day of the Inquiry in Edinburgh to offer support and speak with people to learn how the service might be most effective.

The national Psychological Support Service (PSS) for IBDs has received 155 referrals to date working directly with adults, young people and children with inherited bleeding

disorders. The service is also extended to the families who have lost a family member due to the receipt of contaminated blood products. Of referrals to the Scottish Psychology Support Service, 57% of adult patients have been affected by HIV, HBV and/or HCV infection via NHS blood. Distress associated with their experience of contaminated blood has been central to their mental health difficulties, with many reporting stigma associated with the BBV infection, which has influenced their personal relationships and life opportunities. At the time of referral to the service, 86% of patients had clinically significant (moderate to severe) psychological distress. For those referred, the prevalence of clinical levels of anxiety is 69% and clinical depression is 28%. Psychological treatment has led to improvements in mental health and quality of life.

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 Scotland 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.

NES have launched with the support of the Scottish Government a national trauma training framework. The aim of the training is to develop a multi-agency approach to increase understanding of traumatic events and to promote trauma informed services that provide sensitive and personalised care. This involves working across services to help staff to recognise characteristics associated with trauma and to provide appropriate and proportionate care; this may involve referral to psychological or psychiatric services. All those referred to either specialist or general psychological services will be assessed and treated on the basis of a personalised formulation that incorporates their experience of trauma and other important social, familial and medical factors that have contributed to their distress.

NHS Lothian's specialist service, the Rivers Centre for Traumatic Stress was set up in 1997 to provide an evidence-based clinical service for people affected by trauma. The clinical team hold contracts with several organisations across Scotland to support a trauma-sensitive response to people affected by adversity and trauma, including Scottish Fire and Rescue Service, Scottish Child Abuse Inquiry, Scottish Courts & Tribunal service and Scottish Government Survivor Support and Redress teams.

The team contributed to the Scottish Government guidance document; Preparing Scotland – Responding to the Psychosocial and Mental Health Needs of People affected by Emergencies, and are currently working with colleagues at NHS Greater Glasgow & Clyde's Anchor Trauma Service to establish the Psychosocial Response to Major Incidents Service (PRoMIS).

6. Please outline how hepatitis c (HCV) treatment is commissioned and funded in Scotland.

I understand that Prof John Dillon will be addressing this question.

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

I understand that Prof John Dillon will be addressing this question.

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?

I understand that Prof John Dillon will be addressing this question.

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?

I understand that Prof John Dillon will be addressing this question.

Statement of Truth

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

GRO-C

Signed _____

Dated 28 January 2020