

Witness Name: Prof Liakat Ali Parapia

Statement No.: WITN0785002

Exhibits: NIL

Dated: 5th of March 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR LIAKAT ALI PARAPIA

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 January 2020.

I, Liakat Ali Parapia, will say as follows: -

Section 1: Introduction

1. My name is Professor Liakat Ali Parapia. I currently live at GRO-C GRO-C Leeds, GRO-C. My date of birth is GRO-C 1949. I hold the following qualifications: MBBCh, FRCP, FRCPE, FRC Path. From 1982 to 2009, I have held the following relevant posts: (i) Consultant Haematologist; (ii) Director, Bradford Haemophilia Centre; (iii) Member of National Haemophilia Centre Directors Organisation; (iv) Member of The Regional Haemophilia Group, Yorkshire; (v) Visiting Professor, University of Bradford. I retired from the NHS in 2009.

Section 2: Responses to criticism of witness W1137

2. I am responding to the questions without the benefit of case notes from either Bradford Royal Infirmary or the Huddersfield Royal Infirmary. I retired from the NHS eleven years ago. The report is based on the information given witness W1137 and my recollections of events that happened twenty to thirty years ago.
3. Witness W1137 was diagnosed as having Haemophilia at Huddersfield Royal Infirmary around 1968. He was treated with various Factor 8 preparations and was exposed to

HIV, Hepatitis B and Hepatitis C viruses prior to registering at Bradford Royal Infirmary in the early 1990s. He had already been tested for Hepatitis C, Hepatitis B and HIV viruses prior to him attending Bradford Royal Infirmary. He states that he tested positive for Hepatitis C in 1983. He had been seen by various doctors at Huddersfield Royal Infirmary, including the Director, Dr. Barlow. Huddersfield Royal Infirmary was a reputable centre and, in my opinion, the staff would not have withheld any relevant information from witness W1137. He would have had the positive results explained to him prior to him transferring to Bradford Royal Infirmary.

4. When witness W1137 first attended our clinic he would have had a full screen test including tests for Hepatitis C and HIV. He would have had his Liver Function tests and he would have been introduced to our Nurse Specialist-Sister Pauline Sharp. He would have been referred for counselling and would have seen our dentist and may also have seen our orthopaedic consultant. His blood tests would have been checked every three months and the results discussed with him. At most visits he was also seen by the Clinical Nurse specialist. His Hepatitis and HIV status were always closely monitored. The case notes when available will illustrate this. A letter to the GP was always written and a copy usually sent to Huddersfield Royal Infirmary.
5. It was our policy to keep the patients well informed as decisions had to be made regarding the treatment of their HIV and Hepatitis infections. Treatment for HIV was already available in the 1990s. Interferon was just available in the 1990s to selected patients based on the type of Hepatitis and their Liver Function tests. We did not treat the viral infections in our department. The patients were referred to the Infectious Disease Consultant Dr Paul McWinney. Witness W1137 confirms seeing Dr McWinney and this could only be done with knowledge of his Hepatitis state. There is no reason why the diagnosis should have been withheld by us.
6. None of the staff, including myself would have been "flippant" about the diagnosis of Hepatitis or any other infections. I had a separate clinic for Bleeding Disorders so we as a team could offer our patients time. We were one of the very few District Hospitals Clinics in the UK that offered such a Comprehensive Care model. Articles to this effect were written in the Haemophilia Society Bulletins in 1987 and 1992.
7. It was quite normal practice to write on the case notes the status of Hepatitis for reasons of Health and Safety so staff would take extra care. Confidentiality was maintained as this was written on Departmental notes.

8. As I did not treat Hepatitis infections, I have no knowledge of having discussed any drug company involvement or any financial issues around it.
9. I have no recollection of ever being "abrasive" about any treatment that witness W1137 was offered. He tested positive in 1983 or 1984. He had been seen numerous times by myself and the Nurse Specialist and I am sure that we would have discussed all matters relating to his well being, and his treatments. He had already been told about sexual transmission by HIV and I am sure he would have known that this also applied to Hepatitis C and possibly other related viruses. I have never said that Hepatitis C cannot be transmitted sexually.
10. Witness W1137 is in receipt of many grants. He would only have been eligible for these once his viral state had been declared. He must have had the knowledge in order to fill the application forms. He would have been in receipt of Haemophilia Bulletins on information about the viruses and their modes of transmission. At our centre we also issued information about the viral infections.
11. Our centre was known to offer a model of comprehensive care. I have no doubt that witness W1137 had the best care we could offer.

Section 3: Other Issues

12. I have given evidence without the benefit of witness W1137's case notes and Haemophilia records from Bradford Royal Infirmary and Huddersfield Royal Infirmary. Copies of letters written to his General Practitioner(s) would have been helpful. The results from the Public Health Laboratories would show when all the relevant viral tests were done. You may wish to ask Sister Pauline Sharp who was also involved in his care.

Statement of Truth

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

Signed _____

GRO-C

Dated _____

5/03/2020,