

Witness Name: Dr George Bird

Statement No: WITN3943001

Exhibits: WITN3943002- 006

Dated: 21 February 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR GEORGE BIRD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 January 2020.

I, Dr George Bird, will say as follows: -

Section 1: Introduction

1. My name is Dr George Bird. My address is Department of Gastroenterology, Maidstone Hospital, Hermitage Lane, Maidstone Kent ME16 9QQ. My date of birth is GRO-C1958.
2. My qualifications are MA, MB BS, MD, FRCP. I am a Consultant Physician and Gastroenterologist in Maidstone and Tunbridge Wells NHS Trust. I am a Fellow of the European Board of Gastroenterology, a Fellow of the American Association of Liver Disease and a member of the British Society of Gastroenterology.
3. I have worked in this role since my appointment in 1994 and throughout this time have been responsible for the management of viral hepatitis cases referred to the Trust. We are recognised as a hepatitis treatment centre by NHS England

and during the last 25 years I have also been involved in research into and the development of patient treatment for hepatitis C.

4. I have been a Trustee of the British Liver Trust (2000-2006). I have been on Local and Regional committees to promote access to drugs used in the treatment of hepatitis C over the last 25 years.

Section 2: Responses to criticism of W1829

5. **In the witness statement, the witness MB states that in the clinical assessment section of her Skipton Fund application form I wrote it was unlikely the witness had cirrhosis. *'This was later proven false from her test results. The witness was 'shocked' that I 'so recklessly' gave this opinion without assessing her or informing her.'***
6. I apologise for any misunderstanding or distress cause to the witness. I accept that I filled in the clinical assessment section of the Skipton Fund application form and the form was dated 8 June 2004. The witness states the form was dated 15 December 2004. I also admit that I wrote on the form 'I think it unlikely this lady has cirrhosis'.
7. In writing my response, I have referred to the Maidstone and Tunbridge Wells NHS Trust medical notes. My grounds for this statement were as follows.
8. Clinical history and examination: I met and examined the witness on 8 April 2004. At this time she had none of the symptoms of cirrhosis (she did not have ankle swelling, ascites (abdominal fluid), muscle wasting or a history of internal bleeding). On examination she also has no signs of chronic liver disease and appeared clinically well. On examining her abdomen there was no increase in the size of her liver and spleen and no ascites. Exhibited hereto and marked with the letters WITN3943002 is a true copy of the handwritten notes from the witness's appointment on 8 April 2004.

9. Blood tests: The witness underwent the standard liver blood tests which did not point to cirrhosis. Her blood count was normal with a platelet count of $194 \times 10^9/L$ (normal range $150-410 \times 10^9/L$). Her liver synthetic function was normal with normal laboratory measures of blood clotting and a normal circulating albumin level. These laboratory measurements are almost always abnormal if there is cirrhosis present.
10. The Skipton Fund form for financial compensation for those with HCV cirrhosis includes a calculator using background laboratory information to help indicate when cirrhosis could be present even in the absence of typical features on physical examination and ultrasound and other scans. This was the form the witness refers to in her statement. Using the Skipton Fund form 'APRI calculator' and entering the contemporaneous laboratory values the calculation was:

$$\frac{55}{32} \times 100$$
$$194 = 0.87$$

This result indicates it is unlikely fibrosis was present and very unlikely cirrhosis was present. Exhibited hereto and marked with the letters WITN3943004 is a true copy of these laboratory records confirming the results.

11. Imaging: The witness underwent an ultrasound scan of the abdomen on 8/6/04. This showed no features of chronic liver disease and in particular no features of cirrhosis – the report states: *'The liver showed normal echogenicity. No focal lesion seen. Normal gall bladder. No calculus echo. Normal right kidney. Dr Frank Eribo, Consultant Radiologist'*. The liver usually shows abnormalities in size, surface characteristics and echogenicity when cirrhosis is present, indeed it would be extremely unusual for none of these changes to be present if the liver was cirrhotic. The ultrasound scan indicated it was extremely unlikely that the Witness's liver was cirrhotic. Exhibited hereto and marked with the letters WITN3943005 is a true copy of the ultrasound scan.

12. On the above grounds the witness did not have cirrhosis and my statement in the Skipton Form was justified.

13. The witness was in regular contact with our Clinical Nurse Specialist, who arranged antiviral treatment which started shortly afterwards and provided support and care in the following months. Our medical records show that the witness did not attend for formal medical out - patient appointments on 18 May 2006 and 8 February 2007.

14. The witness was assessed again on 10 January 2013 at the Royal Free Hospital by Prof Rosenberg. In his letter he states *'In 2007 she had a transjugular biopsy which showed mild fibrosis. In 2011 she had a FibroScan which gave a reading of 8 kPa'* (in keeping with mild fibrosis only).

The reading needs to be at least 12 to indicate cirrhosis. Exhibited hereto and marked with the letters WITN3943006, I attach a true copy of the letter from Prof Rosenberg.

If there was mild fibrosis seen on the biopsy in 2007, the Witness could not possibly have had cirrhosis in 2004 as cirrhosis cannot be reversed. This is further evidence that she did not have cirrhosis when assessed in Maidstone in 2004.

Section 3: Other Issues

15. No additional comments

Statement of Truth

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

GRO-C

Signed _____

Dated _____ 21 February 2020 _____

Table of exhibits:

Date	Notes/ Description	Exhibit number
08/04/04	Handwritten consultation notes	WITN3943002
06/04/04	Laboratory printout of liver blood	WITN3943003
20/05/04	Laboratory printout of haematology tests	WITN3943004
08/06/04	Ultrasound scan report	WITN3943005
10/01/13	Letter from Prof Rosenberg	WITN3943006