

Witness Name: Dr Alistair Shepherd
Statement No.: WITN3934001
Exhibits: Nil
Dated: 25.02.2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ALISTAIR SHEPHERD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 03 December 2019.

I, Dr Alistair Shepherd, will say as follows: -

Section 1: Introduction

1. My name is Doctor Alistair John Newbolt Shepherd and my date of birth is GRO-C 1943. My professional qualifications are MB. Ch. B. Liverpool 1967, MRC PATH: 1977 and DIP. OCC. MED.1998.

Committees and meetings

2. I held positions within the North West Regional Haemophilia Group 1978 to 1991, Mersey and North Wales Haematologist Group, Honorary Secretary, 1978 to about 1995, Northern Directors and Consultants Meetings (1978 onwards), National Committees DHSS – NBTS Publicity Sub-Committee reporting to Regional Transfusion Directors Meeting (1986 to 1988 and at other times by invitation or stand in for absentees).

Societies

3. I am a Founder & Life Member of the British Blood Transfusion Society (1983 to present) and also of the Liverpool Medical Institution (1974 to present) .

I was a member of the International Society of Blood Transfusion (1999 to 2005), Association of Clinical Pathologists (1995 to 2000), Society of Occupational Medicine (1998 to 2010).

Career 1978 to 1988

4. I was appointed Consultant Haematologist at the Liverpool Regional Blood Transfusion Centre, as it was then known, in 1978. During my early years I took an interest in all aspects of the service to gain a full understanding of the work with particular emphasis on blood collections in the region, which were in some need of improvement.
5. Following retirement of the Director in 1986, I was asked by the Mersey Regional Health Authority to step up as acting Director until further notice, pending the outcome of investigation and review of the NBTS by the DHSS Central Management Services. In conclusion, this identified a need for a more coordinated service with a formal management structure. At the time there were rising concerns over blood safety due to the emergence of HIV infection for which donor screening commenced in 1985. A strategy for confidential interviews with HIV positive donors and a repeat of blood sample to confirm results was planned in October 1985 at an Aids Counselling Workshop in London, led by Dr PE Hewitt, which I attended.
6. In the meantime, I was involved with the planning and opening of a new donating suite in Liverpool City Centre and the establishment of two locality-based collecting teams in North Wales. A new director was appointed to the Liverpool Centre in 1988 and I reverted to my substantive appointment as consultant Haematologist.

Career 1989 – 1998

7. With the new Director in post my clinical responsibilities were almost entirely donor-facing. I established an efficient system for the recording of information on medically deferred donors at the regional sessions, with signed consent to contact their GP. This was known locally as the Medical File. Later it was adapted and rolled out nationally.

8. I had continuing responsibilities for confidential donor interviews and follow-up testing of donors with markers of various infections but I had very little involvement with the HCV look back exercise which began in 1992. My colleague, the centre Director, took responsibility for setting it up, contacting most of the recipients and tracing potentially implicated previous blood donations.
9. The mid 90's was a time of some uncertainty after the establishment of the National Blood Authority and announcement of plans for reorganisation and rationalisation of the service which could lead to closure of some of the regional centres, including Liverpool. I was asked in December 1996 to extend my donor-related responsibilities to the Manchester Blood Centre. Routine testing and processing was transferred to Manchester in September 1997 and all data migrated to the national computer system, PULSE. With the backing of the Northern Zonal Management, in collaboration with the Manchester Team Managers, we overhauled the collection system there to be consistent with that in Merseyside, in a move towards even higher standards for 2000 and beyond.
10. My next responsibility was in processing and answering numerous donor complaints, mainly on clinical matters. Some of these were addressed to MP's but re-directed to the NBA executive and, quite often, passed back to me for investigation. In this role I worked closely with NBS Quality Services based at Colindale.
11. It was at this time that I would have seen the donor witness W0222, to whose criticisms I respond below.

Career 1999 to 2008

12. The Liverpool Blood Centre was not closed. The organisation was rebranded NHS Blood and Transplant and a new facility designed and built in Liverpool for bone and tissue banking and completed and opened in July 2005. I was privileged to work there for a few years until retirement in 2008 after a 30-year career with NHSBT.
13. My last major clinical responsibility followed the decision to exclude all people from donation if they had every received blood at any time since 1980. This was to be a precaution to prevent blood-borne transmission of variant CJD. The first case of such

transmission was identified in 2004, and when the ban was implemented I was asked to respond to and reassure donors who expressed concerns.

Section 2: Responses to criticism of W0222

14. Since receiving the Rule 9 request I have made a considerable effort to try to recall relevant events. I can still remember quite a few of the many confidential discussions held with marker- positive donors during the years 1992 to 2007. During that time, I did not receive any complaints, to my knowledge. I have not yet had access to any records and I am afraid that as hard as I try, I am unable to recall this discussion.
15. I shall attempt as best I can to respond to the issues raised in paragraphs 12 and 13 of the statement.
16. At paragraph 12 the witness refers to a letter from NBS. This was a standard letter which had been centrally drafted and not one I had drafted myself. Because of the difficult issues and information being conveyed, standard letters were used, which had been devised by various experts and centrally approved. The wording was not intended to imply in any way that “we are pleased to tell you that you do not have AIDS...”
17. There was widespread public fear about AIDS for which initially there was no cure, although there was some limited treatment available, and I think it was felt to be important for the recipients of the worrying news that they had a blood-borne infection to be clear as soon as possible that the infection identified was not AIDS.
18. The witness acknowledges that a fact sheet was enclosed with this letter whilst also stating that (we): “provided no information or literature”. It appears that she did not keep the leaflet but she does not suggest that it wasn’t provided to her. The leaflet reflected the most up to date current knowledge that was available. It was drafted by the British Liver Trust, which was a charity, and was believed by the experts to be the best information we were able to provide at the time. The background was of developing medical and scientific knowledge internationally.
19. I see from paragraph 13 that the witness contacted us to report that the letter was “unacceptable” and that she wanted to talk to someone about it. I assume that was how the appointment with me came to be arranged as this was not a standard or

routine part of the process relating to HCV, although it had been for HIV. By this time, I had about 10 years' experience of this sort of discussion. I should also say that I was not the Head of the Blood Donor Centre; I was a Consultant Haematologist. I cannot recall any discussion that I had of this nature ever becoming confrontational. The witness says that I told her that she was "better off not knowing" and that there was no cure currently. I cannot recall saying to anybody ever that they were "better off not knowing" and do not know why I would have said anything along those lines. It was not my view. I am very sorry if I conveyed that information or impression. It was certainly not my intention and I apologise sincerely for causing such upset.

20. My intention was to help and give whatever reassurance we could. It was not easy when at that time and for some years after that treatment for HCV was far more limited than it is now. I note that she says that I said nothing about taking precautions when it came to infecting others, but the letter she received enclosed a factsheet which "*not only answers most commonly asked questions, but also lists the precautions you should take to try and prevent transmission to others*". I can only say that this was a discussion which had been arranged at the donor's request on the basis that she found the letter unacceptable; it was not a regular part of the process designed to convey important information.

Section 3: Other Issues

21. As I have stated, I have no recollection of this discussion. Most of my interactions with donors and patients were amicable and constructive. From the description by the witness, this one appears confrontational in that she suggests that she wanted to punch me in the face. I cannot recall any interview where it appeared to me that that was how the donor felt and it is unlikely that I would forget such an experience. I am very sorry that my discussion was not helpful to this witness and that it made her feel how she did. That was most certainly not my intention. The purpose of – and my intent regarding such a discussion would only be to explain the position and allay any fears in so far as that was possible. There was no cure, so no great reassurance could be given on treatment. We gave what advice we could, including to allay any fear that donors were suffering from HIV.
22. If the records can be made available to me, it might assist my recollection and I would be grateful for the opportunity to comment further in that event.

Statement of Truth

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

Signed _____

GRO-C

Dated _____

25/5/2020