

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF PROFESSOR PETER WILLIAM COLLINS

I provide this statement in response to a letter under Rule 13 of the Inquiry Rules 2006 dated 21 December 2020.

I, Professor Peter William Collins, will say as follows: -

Section 1: Introduction

1. My name is Professor Peter William Collins. My work address is c/o Cardiff and Vale University Health Board, Heath Park, Cardiff CF14 4XW. My date of birth is GRO-C 1961.
2. My professional qualifications and an overview of my employment history was provided in my first statement under Rule 9 to the Inquiry, WITN4029001.

Section 2: Responses to criticism of witness W2515

Criticisms in section 7, paragraph 8 of witness W2515's statement

3. Witness W2515 refers to a meeting we had in connection with her application to the Caxton fund. The Caxton Foundation was set up to provide support for those affected by Hepatitis C and ran alongside other trusts and funds providing support for those affected by HIV. In order to receive financial support from the Caxton fund, it was necessary to demonstrate a causal link between the death of an individual and Hepatitis C.

4. I offered to meet with witness W2515, to discuss her application which I had been made aware of by Haemophilia Wales. My over-riding ambition in these situations has always been to give the application(s) the best chance of being accepted. In some cases, sadly, the background information available did not fulfil the requirements of the fund – and, in those cases, I thought it was important to inform the applicant of this face-to-face rather than through an intermediary or by letter.
5. Unfortunately, my honest assessment in W2515's case was that her application under the Caxton fund did not meet the relevant criteria for the particular fund. Based on the information I had available I did not believe that I could establish a causal link between the death of the witness's husband and Hepatitis C. The witness's husband died of an intracranial haemorrhage which had occurred without a history of any trauma. I am afraid that I did not think then, and still do not think now, that the intracranial haemorrhage could be causally linked to treatment with interferon which had been given more than 10 years previously. I also did not think that the intracranial haemorrhage could be causally linked to chronic liver disease.
6. In some instances when I have reviewed details with a family member, I have been made aware of information that was previously unknown to me – information which has proved important in terms of submitting a successful application. Unfortunately, this requires reviewing the circumstances surrounding a person's death. These are very difficult conversations to conduct and I am sorry that I caused witness W2515 distress during our meeting.

Criticisms in section 7, paragraph 9 (to 11) of witness W2515's statement

7. From experience, and given the nature of them, I am mindful these consultations can be stressful for people in the witness's position. I encouraged an advocate from Haemophilia Wales and a Haemophilia Centre social worker to be present to provide support both during and after the meeting. I also did this for witness W2515.
8. I am sorry the witness felt as though she had to "beg for money" during the meeting – that was the furthest thing from my intention. I always try very hard to support individuals in their applications and through what can be a very stressful process. I would have been delighted if a successful application could have been made to this fund in witness W2515's case. Indeed, I am very pleased to hear that, following an appeal to the Minister for Health, Mr Vaughan Gething, the witness did receive support from the Caxton Foundation.

