Witness Name: Professor Peter Hayes

Statement No.: WITN4479002

Exhibits: Nil

Dated: 17/6/20.

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR PETER HAYES

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

I, Peter Hayes, will say as follows: -

Section 1: Introduction

- 1.1 Professor Peter Hayes, Liver Unit, Royal Infirmary of Edinburgh, Little France EH164SADOB GRO-C 57
- 1.2 Professor Qualifications: BMSc, MBChB, MD, PhD, FRCPE Work as a consultant Hepatologist in the Liver Unit of the Royal Infirmary of Edinburgh since 1990. My primary employer is the University of Edinburgh. In this role I see patients with a variety of liver disorders including, particularly in the past, patients with hepatitis C infection.
- 1.3 I have previously been President of the British Association for the Study of the Liver and a member of the British Society of Gastroenterology and soon to be President of the Scottish Society of Gastroenterology. I have been on numerous advisory boards for Pharmaceutical companies involved with the treatment of Hepatitis C.

Section 2: Responses to criticism of witness W2232

Re: Para 44

- 2.1 The conversation that the patient refers to I understand from the exhibit may be in relation to a clinic appointment on the 21st of December, 2010 and appreciate that this is now 10 years ago and therefore I have no recollection of the appointment in any detail and can only refer to my letter. This letter would have been written after the interview with the patient and I state there that in genotype 1 patients, it is hoped that this treatment will achieve a cure rate in around 80%. I make no comment about a discussion reducing the success rate in the range of 30%. I also have no record of the comment from the patient saying whether I would take the medication.
- 2.21 am afraid I also have no record regarding any picking up the file, slamming shut and scuttling from the room. All I can say is that would be very unlike me. Regarding never contacting him again, the only record I have is from my letter saying that I did think he should have an upper GI endoscopy and I would arrange this in the New Year. I could perhaps add that I saw patients with haemophilia in the Haemophilia Centre when they had a haemophilia appointment and did not see the patients in a separate clinic. I have some expertise in hepatitis C and not HIV. Patients who were co- infected tended to be managed at the Infectious Disease Unit at the GRO-B unless they had cirrhosis. I believe at that time that it was organised via the Haemophilia Unit for him to have 6-monthly ultrasound scan and alpha-feto protein as part of hepatoma surveillance as he had cirrhosis, which I mentioned in my letter.

Statement of Truth

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

