

Witness Name: Dr Paul Giangrande

Statement No.: WITN3311012

Exhibits: NA

Dated: 20<sup>th</sup> July 2021

## **INFECTED BLOOD INQUIRY**

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### **THIRD WRITTEN STATEMENT OF DR PAUL GIANGRANDE**

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I provide this statement in response to a request under Rule 13 of the Inquiry Rules 2006 dated 16 June 2021.

I, Dr Paul Giangrande, will say as follows: -

#### **Section 1: Introduction**

##### **1. Name, address, date of birth and professional qualifications:**

1.1 Name: Paul Leo Francis Giangrande

1.2 Date of Birth: GRO-C 1955

1.3 Address: GRO-C

1.4 Professional Qualifications: BSc, MD, FRCP (Lond., Edin. & Ire), FRCPATH, FRCPCH

##### **2. Please set out the positions you have held as a haematologist, the organisations in which you held these positions and your role and responsibilities in these positions:**

2.1 Consultant Haematologist at Oxford University Hospitals NHS Trust, based in the Oxford Haemophilia and Thrombosis Centre at the Churchill Hospital from April 1st 1991 until my retirement on 31st May 2015.

2.2 My primary responsibility was the clinical management of both adults and children with inherited bleeding disorders.

**3. Please set out your membership, past or present, of any committees or Groups:**

3.1 I was a member of the UK Haemophilia Centre Doctors' Organisation (UKHCDO) throughout my time in post in the NHS although I never held senior elected office within that body.

3.2 My primary engagement outside the hospital throughout my career was with patient organisations. I was honoured to be elected to the senior medical position within the World Federation of Hemophilia (WFH) for two consecutive terms from 2000-2008 inclusive. I was the first and only British physician to be elected to this position.

3.3 I also served as Chairman of the Medical Advisory Group of the European Haemophilia Consortium (EHC) from 2013-2018 inclusive and I still continue to work with this organisation but in other roles.

**Section 2: Responses to Criticisms**

4. I received copies of the First and Second Witness Statements of Neil Weller (signed on 15 November 2018 and 15 January 2020 respectively) on June 17<sup>th</sup> 2021. I have been asked to comment on three matters raised: research carried out by Dr Craske; counselling about hepatitis C; and interferon treatment. No clinical notes have been provided to me.

5. Mr Weller states in para. 9 of his Second Statement that he was enrolled in research led by Dr Craske and that he was not aware of this. The entries in Exhibit WITN1598006 which mention Dr Craske relate to the period 1974-1976 inclusive. I started work at the Oxford Haemophilia Centre on April 1<sup>st</sup> 1991. I am therefore not able to provide any information about these studies, which were carried out well before I joined the staff in Oxford. I was certainly not involved in any of them: I was a medical student at the University of Manchester in the mid-1970s.

6. Mr Weller is not correct in stating (para. 4 of First Statement) that Dr Keeling joined the staff of Oxford Haemophilia Centre in 1993. Dr Rizza retired at the end of October 1993 but Dr Keeling only started work in Oxford in July 1995.
7. Paragraphs 20-28 inclusive of the Second Statement relate to events from January 2019 onwards. I am also not able to comment on these matters as I retired at the end of May 2015.
8. The account of our discussion about hepatitis C which Mr Weller sets out in para. 10 of his First Statement is an oversimplification. I devised a hepatitis C 'checklist' as a template for detailed and personalised discussions with patients about their HCV results. This was annotated where necessary and was then filed in the hospital notes. There should be a checklist, signed and dated by me, filed in the patient's notes at Oxford Haemophilia Centre. This would list the topics that would have been discussed as follows: 1. Anti-HCV result 2. Current liver function test results 3. Follow-up arrangements 3. Synergistic effect of alcohol consumption 5. Risk of transmission to sexual partners 6. Treatment options. A note would also be included as to whether the patient already knew the result of the HCV test or not.
9. Mr Weller states in para. 11 of his First Statement: *"At one time, I recall that I asked and was told that there was no evidence of Hep C being passed to others through sexual activity."* This gives the impression that the risk of sexual transmission was not raised by me in our counselling session on November 7 1993. My recollection is that I discussed the issue of sexual transmission with Mr Weller when I told him the result of his HCV test on November 7 1993 and the clinical notes should confirm this. I remember my discussion on this point with Mr Weller in late 1993 because, as Mr Weller tells us in para. 12 of his Second Statement, he had by then been in a relationship for two years with one of the nurses who was looking after our patients with haemophilia.
10. It is also not correct to state (para. 11 of his First Statement) that Mr Weller would have been told there was 'no' risk of transmission of hepatitis C through sexual intercourse. Results of research carried out in Oxford on the risk of sexual transmission of hepatitis C were published in the Journal of Medical Virology in July 1993. This academic paper quantified the risk of sexual transmission as "low" and this is how the level of risk was

described to patients, citing specific numbers from the publication if requested. The Oxford data were in line with data from a previous international collaborative study published in July 1992 and so there were already plenty of data available for me to counsel Mr Weller about the risk of sexual transmission when we met up on 7 November 1993.

11. I also recall that, although Mr Weller chose to attend the appointment of 7 November 1993 on his own, I readily agreed to Mr Weller's request to make a separate follow-up appointment to discuss these matters with his then girlfriend.
12. Mr Weller states in para. 3 of his Second Statement: *"My medical notes reveal....that I was identified as having HCV at least 9 months before I was informed of it by Dr Giangrande."* I cannot comment on this as I have not had access to the records. Our policy in Oxford was to inform the patients in person with a senior member of staff, rather than by letter, telephone call or at open meetings with groups of patients. There were well over 300 patients who had to be counselled about their HCV test results in Oxford. Accordingly it would have taken some time to inform patients of the test results. Again, I have not seen the notes so I cannot say what date was arranged for Mr Weller to come in for a review at which he could have been counselled about his results and therefore whether the 7 November 1993 was the first review date that had been offered.
13. In paragraph 3 of Mr Weller's Second Statement he says that it was not possible for me to say for certain when he was infected with HCV. It remains my view (para. 11 in First Statement) that he was probably infected as a consequence of his first exposure to factor VIII concentrate in the 1970s. The Rule 13 Notification Letter dated 16th June 2021 and signed by Rose Walsh on behalf of the Infected Blood Inquiry states (para. 2): *"Witness W1598 was infected with hepatitis C around 1993 as a result of receiving contaminated blood products."* This is most definitely not the case.
14. In line with our standard practice, Mr Weller was referred to a liver specialist for future follow-up after he was informed of his HCV result in November 1993 (as Mr Weller confirms in para. 13 of his First Statement). Although Mr Weller states that (para. 8 of Second Statement) *"having hepatitis C did not make me feel unwell,"* I wanted Mr Weller to benefit from the supervision of experts in the field of liver disease over the subsequent years.

15. Mr Weller states in para. 6 of his Second Statement: *"I was treated for HCV with Interferon in 2002 without being given adequate and full information about the long lasting side effects."* Mr Weller goes on to say in para. 8: *"I would never have had the Interferon treatment had I been aware of the long lasting effects. I would have waited for a better treatment."* Neither I nor, to the best of my knowledge, any other employees of the Oxford Haemophilia Centre provided counselling about interferon and we did not prescribe it. Counselling about treatment options for hepatitis and the prescription of interferon was entirely the responsibility of the two liver specialists named elsewhere in Mr Weller's Statements.

16. Mr Weller refers in para. 26 of his First Statement and para. 6 of his Second Statement to a meeting that he and his wife had with me on April 19<sup>th</sup> 2013. A copy of my letter of that same date to Mr Weller's GP was attached as Exhibit WITN1598006 to Mr Weller's Second Statement. The full text is set out below as the Exhibit was not published online by the Inquiry together with Mr Weller's Statement:

*"Dear Dr Holdsworth*

*19<sup>th</sup> April 2013*

*This 42 year old man with severe haemophilia A came to see me on April 19<sup>th</sup>, accompanied by his wife (Hayley). The issue he wanted to discuss was nothing specifically to do with haemophilia and I would like to share the problem with you as it falls outside my expertise as a haematologist and clearly Neil and his wife would benefit from your input.*

*Neil and his wife report that he has been affected by significant mood swings in recent months which have made life at home very difficult. There has been absolutely no violence, but things have reached the stage when the possibility of divorce has been contemplated by the couple. They have three children aged 12, 9 and 3*

**GRO-C**

*Neil underwent a course of interferon and ribavirin therapy some eight years ago to treat his HCV infection. This was indeed successful and he cleared the virus. It is, of course, well known that interferon can cause psychiatric problems during therapy and Neil asked me whether this could have been responsible for causing a change to his personality. I told him that I do not believe this to be the case and I have certainly never encountered such a case among the considerable number of patients with haemophilia and hepatitis C who have been treated here.*

*Neil is under considerable pressure running his own business which entails long hours and tight financial margins. On top of this, he has to cope with his haemophilia and significant*

*orthopaedic disabilities. It is for these problems that he has been prescribed analgesia for a significant period, including drugs like dihydrocodeine and Oramorph. I have invited him to make an appointment to see you in the near future. I would be most grateful for your assessment of the problem and the way forward. Do you think that the problem is perhaps simply related to his on-going analgesia? Would he benefit from an assessment with a psychiatrist or therapist? I have known Neil for many years and have great admiration for the way in which he has coped with his condition. It has clearly taken significant courage to come and see me and discuss this personal subject with me and I would very much like to try and help him. He has at least recognised that there is a significant problem and I know that he is keen to explore every avenue to try and resolve this.*

*Yours sincerely,*

*Dr P L F Giangrande*

*Consultant Haematologist"*

17. Mr Weller sums up the outcome of this meeting thus (para. 6 of his Second Statement):

*"When we saw Dr Giangrande I was basically sent away with a nothing can be done scenario."* I do not accept this evaluation. This characterisation is not reflected in the wording of my letter which conveys considerable sympathy for Mr Weller's plight and it is clear that we had a detailed and wide-ranging discussion, covering several medical topics as well as his social circumstances. The letter was dictated and typed out on the same day as the appointment, reflecting the urgency I accorded to trying to help Mr Weller.

18. It remains my view, as set out in the letter, that his problems in 2013 were unlikely to be a consequence of treatment with interferon eight years beforehand.

19. I referred in the letter to the fact that Mr Weller had been taking two opiate analgesics.

Oramorph is a slow-release preparation of morphine and its prescription is tightly regulated as it is classified as a 'controlled drug'. This was definitely not prescribed by me as our hospital only allowed us to prescribe a limited range of products to outpatients and only for a maximum of 14 days as GPs were expected to provide ongoing treatment. Although I do not have access to Mr Weller's clinical notes, I presume that it was prescribed by the GP. I clearly indicated to the GP that this treatment should be reviewed as I felt that this medication was a much more likely cause of the symptoms which Mr Weller sets out in para. 6 of his Second Statement:

*“depression, irritability, sudden and dramatic mood swings, anger outburst, chronic fatigue and brain fog.”*

20. I also suggested to the GP the option of referral to a psychiatrist or therapist. The two psychiatric hospitals in Oxford (Warneford and Littlemore Hospitals) do not form part of the Oxford University Hospitals NHS Trust which is composed of four other hospitals. In line with the local fund-holding model of NHS care, GPs were generally responsible for arranging referrals of their patients to these other psychiatric hospitals.

21. I cannot recall how and when the GP responded to my letter.

### **Section 3: Other Issues**

None

### **Statement of Truth**

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

Signed

GRO-C

Dated 20<sup>th</sup> July 2021