

Witness Name: Gary Redman

Statement No: WITN1699001

Exhibits: WITN1699002-4

Dated: November 2018

INFECTED BLOOD INQUIRY

EXHIBIT WITN1699003

ROYAL FREE HOSPITAL
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HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
FAX No: 071 431 8276

DIRECTOR: DR CHRISTINE A LEE MA MD MRCP MRCPATH FRCP

PT/LRB/HEPC

7 May 1992

Mr Gary Redman

GRO-C

Dear Mr Redman,

You may know that we are trying to find out more about the Hepatitis C virus, which many of our patients acquired during the late '70's and early '80's before clotting factor concentrates were sterilized.

Many of our patients have been asking at their reviews if there is a risk of transmitting the virus sexually to their partners. We think that this risk is very small but do not have enough evidence to give definite advice at present.

We are hoping to test as many of the partners of our hepatitis C positive patients as possible to evaluate the risk. I wonder whether you could discuss with your partner if he/she would be willing to come for a hepatitis blood test and to answer a confidential questionnaire. If they would, please telephone the Haemophilia Centre to make an appointment.

Yours sincerely,

GRO-C

Dr Paul Telfer
MRC Research Fellow

PT/LRB/HEPC

Our's handwriting is on the back of the Royal Free Hospital which was then part of the Royal Free Hospital NHS Trust. It is now part of the Royal Free NHS Foundation Trust. The Royal Free Hospital NHS Foundation Trust is a charitable company limited by guarantee. It is registered in England No. 2705094. It is a company limited by guarantee. It is registered in England No. 2705094. It is a company limited by guarantee. It is registered in England No. 2705094.

LE BRASSEUR J TICKLE

SOLICITORS AND PRIVY COUNCIL AGENTS

OUR REF oga/kind/17400.Redman
YOUR REF RDS/an/Lt.Redman.12.99

15 September 1999

Roz De Silva
Deputy Corporate Affairs Manager
Chief Executive's Office
Royal Free Hampstead NHS Trust
Royal Free Hospital
Pond Street
London NW3 2QG

10 SEP 1999

Dear Roz

Gary Redman

Thank you for your letter of 27th August received here on 1st September addressed to Simon. He has asked me to deal with it on your behalf.

I have reviewed the letter before action from Bvill & Coleman dated 15th December 1998, the medical records and the report of Dr Christine Lee dated 23rd February 1999.

The Claimant is alleging negligence for the original injection of factor VIII concentrate at the time of the accident in November 1981 and also makes an allegation that there was a failure by the hospital to notify him that he was Hepatitis C positive. He was notified in February 1991 when he was first tested for this virus.

These allegations therefore pre-date the involvement of the Royal Free Hampstead NHS Trust and I have consequently opened the file as a Camden & Islington claim and am also sending a copy of this letter to Hannah Hanley. If both you and she agree with this analysis, will you please let me know and I will then prepare the necessary documentation to notify this as an ELS claim to the NHSLA.

WITN1699003/0003

Richard Summings
Stephen Jackson
Hugh Bhopal
Simon Bhopal
Nicholas Williams
Alan Leach
Michael Thompson-Walker
Michael Scammell
Christopher Dignall
Christopher Sparks
Doreen Wakefield
Clive Brackell
Keith Mitchell

Jonathan Heath
Philip Gifford
Helen Field
Gathercole Williams
Stephen Knivill
William Leakey-Walker
Graham Kirby
Howard Barker
Julia Colclough
Sandra Bell
Peter Heywood
James Hailley

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DX No 37054 KINGSWAY

ALSO AT LEEDS

James Sculley (Consultant)

Prepared with details of background history by Tessa-Jane Shaw

The NHS/LA have protocol in relation to these Hepatitis C claims and have appointed Messrs. Davies Arnold Cooper to oversee all of them against the NHS. They tend to be instructed to take over the claim once proceedings have been issued, but I would hope that this is a claim which will not give rise to proceedings.

The report of Dr Lee is very helpful. I would be further assisted if you could ask Dr Lee whether it was necessary to give factor VIII for the injury to the Claimant's ankle which was treated with a plaster of paris split and bed rest. In the past it has been alleged by Claimant's Solicitors that plasma could have been used as an alternative which might have avoided the infection which was later identified as Hepatitis C.

I have noted Dr Lee's explanation of when the clotting factors became sterilised and also the manner and timing with which he was notified that he the Hepatitis C virus.

When I have received the further comments from Dr Lee, I would propose, much as I have done in other cases on behalf of the Health Authority relating to this issue to send a reasonably detailed letter of explanation to the Claimant's Solicitors denying negligence.

Finally, I know from previous cases of this type that the Haemophilia Centre hold both medical records and treatment sheets which are filed separately. Please could you confirm with Dr Lee that copies of both have been sent. It would also be helpful if she could identify the entry in the records for the injection of factor VIII as I have been unable to locate it.

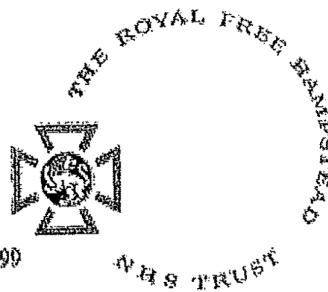
Yours sincerely

GRO-C

CHARLES ATKINS

WITN1699003_0004

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LONDON NW3 2QG
TELEPHONE 020 7794 0500
FAX 020 7630 2961



22 SEP 1999

Our Ref: RDS/aa/Lit. Redman 12.99

URGENT JOHN GARRIER

EMERGENCY MAY ELSE

REPLY TO GARRISON

20 September 1999

3281

Professor C A Lee
Haemophilia Centre & Haemostasis Unit
The Royal Free Hospital

Dear Professor Lee

GARY REDMAN

Further to recent correspondence in this matter, I now enclose a copy of the latest correspondence from Le Brasseur J Tickle and would be grateful for your further comments on the issues that relate directly to you.

Yours sincerely

GRO-C

Roz De Silva
Deputy Corporate Affairs Manager
Chief Executive's Office

DOCUMENTS

ROYAL FREE HOSPITAL
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HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
Director: Professor Christine A Lee MA MD DSc (Med) FRCP FRCPATH
Consultant: Dr K John Paxi MB PhD FRCP MRCPATH FRCPCH
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPATH

Tel: No: 0171 830 2068
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CAL/mv/019363
Your Ref: Lit Redman 12.99

23rd February 1999

Ms Rox De Silva
Assistant Manager
Chief Executive's Office
RFH

Dear Ms De Silva

Re Gary Redman v The Royal Free Hospital

I know this patient well and I have reviewed his notes. It is clear that he was first treated with large pool clotting factor concentrate which was unsterilised before 1985 on the 25th of November 1981. This was to cover treatment of an injury to his right ankle. At that time he was reviewed by the Consultant Orthopaedic Surgeon, Mr Madgwick and he was treated in a plaster of Paris splint and bedrest.

We now know that all large pool clotting factor concentrates used in treatment before 1985 when they became sterilised transmitted hepatitis C infection. I originally came to the Haemophilia Centre at the beginning of 1983 to conduct research in this problem and as a result of this research the paper "High risk of non-A non-B hepatitis after first exposure to volunteer or commercial clotting factor concentrates; effects of prophylactic immune serum globulin" *British Journal of Haematology* - 1985 80: 469-479 was published. In this paper, we described the virtual 100% incidence of this problem following treatment and in fact Gary Redman was one of the patients included in this study. We were amongst two groups (the other was based in Oxford) who were the first in the world to document that this was a problem for 100% of patients treated with unsterilised product. Of course, at that time we had no alternative apart from someone with mild haemophilia A who could have been treated with DDAVP from 1977 when this first became available. It is clear however from the notes that Gary Redman's injury was of a severe nature and would have required more than DDAVP.

With regard to providing him information about his problem, it should be appreciated that knowledge was constantly evolving from the publication of our paper in 1985 and the other group's paper in 1983 over the following years. In the early days, hepatitis C was recognised as non-A non-B hepatitis and it wasn't until 1989 that the virus was identified and it wasn't until 1990 that the first generation hepatitis C tests became available. During 1990 we were able to apply this test to specimens from our patients that we had in store

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

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and throughout 1990 we tested such patients and we informed them of the result of the test using the enclosed standard letter. Having reviewed Mr Redman's notes I note that we first tested him on the 13th of February 1991. I think we did not have any specimen in store because he certainly did not receive such a letter. It would appear from the notes that this was sent off following a review by Dr Mike Laffan who was acting as a locum consultant and it is noted that he agreed to be tested for hepatitis C and I would assume that there was discussion about hepatitis C at this time. I enclose a copy of the letter written to the GP at that time where Dr Laffan notes that "we have repeated his routine blood tests today including hepatitis C antibodies, which he has not had tested before". There are frequent references in his notes thereafter where there has been discussion about hepatitis C and there is also a record of such discussion in the notes of our Social Worker, Mrs Miller.

Mr Redman has also been reviewed by Professor Dusheiko at our Joint liver clinic on several occasions, the first of which was the 21st March 1995. We were the first centre for haemophilia in the UK to offer combination therapy with interferon on ribavirin for patients with hepatitis C and Gary Redman was initiated with this therapy amongst the first patients on the 7th of October 1996. Unfortunately, he was unable to tolerate the ribavirin and therefore he stopped the ribavirin after two months of therapy, but he continued interferon for one year. Although he managed to clear the virus whilst on this treatment, he immediately relapsed post-treatment and the virus came back.

The state-of-the art treatment for type 1 hepatitis C is combination therapy with ribavirin and interferon. However, at the present time for those who do not respond to this treatment or who relapsed after having this treatment, there is no clear therapy to be offered at the present time, although there is optimism that there will be new drugs developed for this infection in the future.

I hope this response is helpful. It is my view that there is no case to answer. Firstly, I think the choice of therapy for Mr Redman in 1981 was large pool clotting factor concentrate because of the severity of his injury and at that time none of these concentrates were sterilised and we had very little idea about non-A non-B hepatitis let alone hepatitis C. Furthermore, I think that as far as it was possible, he was given information about hepatitis C and the test as they evolved. He certainly was fortunate in that he attended a centre that was offering combination therapy for treatment of this infection earlier than most. It is unfortunate that he was amongst one of the 60% of such people treated who do not respond.

Yours sincerely

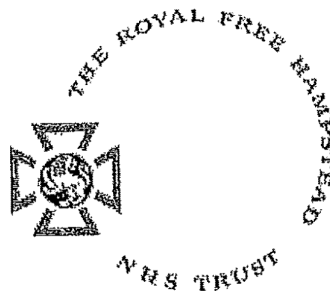
GRO-C

Christine A Lee
Professor of Haemophilia

Enc

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Our Ref Lit. Redman 12.99

15 February 1999

Professor C Lee
Director
Haemophilia Unit
The Royal Free Hospital

CHAIRMAN JOHN CARRIER

CHIEF EXECUTIVE M T ELSE

REPLY TO EXTENSION

Dear Professor Lee

Gary Redman -v- The Royal Free Hospital

I am writing to request your assistance with a claim for negligence, which is being brought by Mr G Redman, against the Trust. At this stage we are simply providing disclosure of the patient's medical records and this can be quite a lengthy process. In the meantime, I would be grateful for your preliminary comments on the allegations as set out by Evill and Coleman.

Yours sincerely

GRO-C

Roz De Silva
Assistant Manager
Chief Executive's Office

Encls

Your Ref:

Our Ref: TL/HL/00072772/1

The Hospital Administrator
Royal Free Hospital
Pond Street
London
NW3 2QG

15 December 1998

Dear Sirs

Re: Gary Redman - D.O.B. **GRO-C**

We write to advise you that we have been instructed on behalf of the above named to investigate a claim for damages relating to treatment our client received at this hospital. Briefly, our client is an haemophiliac. He has received treatment from this hospital for many years.

In or about 1980 our client suffered injuries as a result of a motorcycle accident, he received treatment at this hospital which involved and included, we are instructed, injection with factor 8 concentrate.

Many years later our client was informed that he had been infected with the Hepatitis C virus. He was advised that the probable route of the infection was the factor 8 concentrate that had been injected previously. He also instructs that the hospital had been aware for some considerable time that he was Hepatitis C positive but had not given this information to the patient. As a consequence of being kept ignorant of that information our client has suffered pain, suffering and loss of amenity.

To enable us to investigate this case it is necessary that we gain access to our client's medical notes and records from all sources including those held at this hospital. We have a Legal Aid Certificate issued on our client's behalf to investigate this case. We would therefore ask you to make available to us as quickly as soon as possible copies of our client's medical records. We confirm that your reasonable copying charges for releasing these records will be paid. We will also shortly forward to you a form of authority signed by our client authorising release of the records to us.



EVILL AND COLEMAN
Solicitors and Life's Care Agents

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Pauline Dwyer

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Josephine Hayes

Arnold Isacsson

Non Solicitor Associate

Paul Reed F.R.S.L.C.S.

Financial Controller

Paul Bouché F.C.A.

Evill and Coleman is regulated by
the Law Society in the conduct
of its business.

Terry Lee and Deborah Rhye
are members of the Law Society
Medical Negligence Panel and
Personal Injury Panel

Elizabeth Rhye is a member of the
Law Society Personal Injury Panel
and a C.I.B.E. accredited mediator

Josephine Hayes is a member of the
Law Society Medical Negligence Panel

Pauline Dwyer is a member of the
Employment Lawyers Association

Paul Reed is President of the
Institute of Legal Executives



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We consider we have set out sufficient grounds for release of the medical records relating to our client's treatment prior to issue of proceedings. This is a case where medical records should be disclosed to this form without it being necessary for us to make an application to the Court under Section 33 (2) of the Supreme Court Act 1981.

We enclose a schedule setting out those documents which should be included.

We are not prepared to agree to disclosure being limited to a nominated medical adviser and there is no legal authority for making this requirement. You will appreciate that disclosure to us is essential so that we may advise our client properly as to whether personal injury proceedings brought by him/her would have a reasonable prospect of success, and so that Counsel may draft a precise and well framed Statement of Claim to make it clear precisely what allegations will have to be met by the Defendants.

What we seek from you is, under Section 33 (2), a list of all those documents which are or at any time have been in your possession, custody or power relating to our client and under Section 33 (2) (b), copies of all such documents. If any such documents were once but are not now in your possession, custody or power, please itemise them, state when you parted with them and what had become of them.

We therefore shall be grateful if you will:-

- (a) Let us have confirmation within 21 days that you will provide such a list and give disclosure within 6 weeks of the date of this letter.
- (b) Let us have within those 6 weeks such a list, by reference to the enclosed schedule, also either the original documents upon our undertaking to photocopy them and return them to you within 72 hours, excluding weekends, or complete photocopies of the documents other than x-rays, upon our undertaking to pay your reasonable charges in this regard.
- (c) Notify us if you believe that any of the relevant documents are in the possession, custody or power of someone else, identifying that other person.
- (d) Let us have your undertaking that the relevant documents will be preserved in their entirety pending production, inspection



EVILL AND COLEMAN
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Page 3

and Trial.

- (e) Let us know if you seek to blame anyone else for what has happened to our client, giving us full particulars now.

It may be that the medical records we will be sent will be quite bulky in size. You will appreciate the important that we receive a FULL AND COMPREHENSIVE set of records and also that the documents themselves are both legible and complete. On many occasions we have for example received from various sources medical records which have been poor quality copies or wholly illegible. Equally, we have received certain records which are incomplete. We have in mind in particular in that regard nursing records where the dates in the left-hand margin have been cut so making it impossible to apply sensible chronology.

It would be extremely helpful if you would kindly co-operate by checking the records which are copied to ensure that the quality of copies is good, that the writing is legible and also that the document itself is fully shown on each page.

Yours faithfully

GRO-C

Enc

"Please note that this office will be closed from 1pm on Wednesday the 23rd of December 1998 and will re-open on Monday the 4th of January 1999 at 9am".



EVILL AND COLEMAN
Solicitors and Barristers

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