

Witness Name: GRO-B

Statement No: WITN6910001

Exhibits: WITN6910002 – WITN6910021

Dated: 13 April 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19 October 2021.

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B. My date of birth is GRO-B 1972. I reside at GRO-B. I got married in GRO-B and we were married for about 14 years. In that time, we had three children, two boys and a girl. I am also a grandmother to a little boy. My husband and I were divorced in 2009 and I have no contact with my ex-husband. I was diagnosed with HCV in 2014. Since then, I have decided not to have any further relationships.
2. I intend to speak about my infection with Hepatitis C ("HCV"), following a blood transfusion received as a new born. In particular, I wish to discuss the nature of how I learnt about my infection, how my illness has affected me and my family. I will also discuss the difficulties I have had gaining financial assistance from the Skipton fund and latterly, the English Infected Blood Support Scheme.

3. I can confirm that I have chosen not to have legal representation and that the Inquiry Investigator has explained the anonymity process to me. For personal reasons I wish to be anonymous.
4. The Inquiry Investigator has explained to me the 'Right to Reply' procedure, and I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
5. I wish to acknowledge that naturally as time passes, memories can fade. I have been able to provide approximate timeframes for matters based on life events. However, these timeframes should be accepted as 'near to' rather than precise dates.
6. I have constructed this statement without access to my full medical records as, allegedly, the relevant documents have been lost or destroyed. I will speak about that in more detail later in my statement.

Section 2. How Infected

7. I was born on GRO-B 1972 at GRO-B My mother, GRO-B had a difficult pregnancy with me and had suffered from ill health during her pregnancy, mainly a severe case of Glandular fever and anaemia. My mother went into premature labour with me and was admitted into GRO-B Her labour did not progress well and my mother recalls there being concern over my heart rate so I was born early via caesarean section with my mother under general anaesthetic.
8. Due to the circumstance of my situation being newly born I can only rely on what I have been told.

ANONYMOUS

9. I was born prematurely and suffered from jaundice, my aunt i.e. my mother's older sister says that I had anaemia others say jaundice. I cannot confirm or deny any of this as I can only talk about the facts that I had been told about as a young child and that was that I was born yellow and that I needed to be given blood to 'fix' the yellow jaundice, it was always just treated as a matter of fact and just 'one of those things'. As a very young child, I was a bit morbidly curious about the idea of having another person's blood given to me as a baby and used to ask lots of questions, being the curious type of child that I was.
10. Growing up I was always aware that I had been born 'yellow' and was 'saved' by a blood transfusion as my nan used to joke that I was a yellow baby, she used to playfully tell me it was better than being a blue baby, which I didn't actually fully understand at the time! I have never had reason nor cause to dwell on the treatment I was given after birth as it didn't really mean anything to me growing up, and I soon grew out of being curious about it until I got the news many years later that I was positive for HCV.
11. My mother does not recall ever being told about any risks associated with my blood transfusion but I assume such risks weren't fully understood as much in 1972.
12. I am told that my mother remained in hospital with me for approximately 2-3 weeks after my birth. My mother became ill a few months after my birth and was admitted back to hospital with severe anaemia. I was cared for by my aunt for the duration as my father was a police officer and worked shifts and wasn't able to look after me and my parents also had my brother to care for who was 6 years old at the time.
13. At the time of my birth, I have also been told that I was put in intensive care as a baby and my mother did not see me for several days.
14. At this time, I am unable to present absolute proof that I received HCV from my neonatal blood transfusion as such records apparently no longer exist and

ANONYMOUS

my only knowledge of having the procedure is from what I have been told all my life, although I am personally convinced this is how I acquired the virus.

15. As an infant I was always sickly and caught any bug I came in contact with but in particular I suffered with reoccurring ear infections. About 18 years ago I bumped into someone who claimed they remembered me from infant school and made a point of saying that I was a sickly child and used to faint all the time. In honesty I do not recall this so cannot claim it as fact over unkind comment but in light of now believing I would have been infected with HCV it does make me wonder.
16. I can confirm that throughout my early childhood, from about the age of 6, I was under medical investigation for unexplained high liver function levels. I had to regularly go to my local cottage hospital in GRO-B from a young age to have blood tests which were ordered by my childhood GP, Dr GRO-B (now deceased) of GRO-B
17. I can confirm this because my local cottage hospital was under threat of being closed down in 1982 and myself and my friend tried to raise money to keep the hospital open, we were only 10 years old at the time and only managed to raise a small amount of money however the story was picked up by the local newspaper who published our efforts, my mother kept a copy of the newspaper which I now have and in the article I tell the reporter that we did it because I needed to keep the hospital open as I have to go there for my blood tests. **Exhibit WITN6910002 refs.**
18. The hospital did get closed down a year or two later and my blood testing ended with the closure and the presumed diagnosis my mother received for me was that I must be a carrier but not a sufferer of EBV (Epstein-Barr Virus) due to her glandular fever infection during her pregnancy with me.
19. Throughout my life my liver function levels were always flagged as high, in my teenage years' doctors would warn me about the dangers of drinking alcohol, even when I was too young to drink and didn't, this I am able to recall as I used to keep diaries, pages of which I even went as far to copy to present as supporting evidence for Skipton.

20. At my own expense I also obtained what's left of my medical records and even managed to have the opportunity to trawl through my medical file under the supervision of my GP practice manager, nothing much remained at all from my childhood medical history but I did find handwritten cards from Dr **GRO-B** which made mention of my high liver results, plus raised ALT levels with normal GTT in 1986 when I would have been 13-14 years old, these were also presented as part of my evidence. The copy I have is quite difficult to read but on the same card it reads, *25-01-96 Abnormal LFT's in March 96 (results sent to another surgery records) Hep B screening. Exhibit WITN6910003 refs.*
21. Despite a lifetime of constantly high liver function tests, my diagnosis was a long time coming. I believe I became close to being diagnosed in 1995/6. At the age of 23, I grew concerned that I was losing too much weight after the birth of my first child but I felt my GP was not as concerned as I was.
22. I had lost a lot of weight to the extent that I weighed only about 5 stones, yet the GP had brushed me off, joking that most women wanted to lose weight after having a baby. I knew something wasn't right, so I made an appointment to re-visit my old childhood doctor, Dr **GRO-B** for a second opinion. I produce a faded copy of my handwritten doctor's notes, dates range from 1988 – 1996. **Exhibit WITN6910004 refs.**
23. Dr **GRO-B** examined me and gave me a blood test, however for reasons I don't wish to go into, I felt I had made a mistake and re-registered back with **GRO-B** medical centre the very next day, before getting my results. In passing I did mention the incident to my new Doctor but he just passed it off by saying that old doctors can be a bit funny. I do not wish to speak about that anymore.
24. Some months later, I got a phone call from **GRO-B** Medical centre asking me to go in and speak to a GP. An appointment was made with Dr **GRO-B** who I was familiar with as he was one of the senior partners of the

practice and I had been seen by him on previous occasions and I trusted him to be a good doctor.

25. He explained that Dr [GRO-B] had contacted him and advised that I be tested for hepatitis, Dr [GRO-B] told me he didn't really think it was necessary as it's unlikely to be anything to worry about as liver function tests can just go up and down (it's worth noting at that this stage of my life I wasn't on any medication or drank alcohol), however he went ahead and tested me for HBV.
26. Waiting for the results was a very anxious time as I was still breastfeeding my son and I didn't really know what HBV was as this was before the days of household internet use. However, the results came back as negative for HBV and I was assured not to worry.
27. It wasn't until 2014 when I was 42 years old that I received the shock of my life when I was told by a GP from [GRO-B] medical centre who was new to me, that I had HCV.
28. I had originally left my childhood doctor, Dr [GRO-B] roughly around 1989 when a new GP practice opened closer to my home in [GRO-B]. My primary GP was to become Dr [GRO-B] who joined the practice in about 1993 who I had a good relationship with, and she tended to me throughout my three pregnancies.
29. On the occasion of being diagnosed with HCV, Dr [GRO-B] was unavailable so I was seen by Dr [GRO-B] who I think was new to the practice then, I had previously had a blood test to check my hormone levels due to low level issues I had trouble with on occasion and had the appointment to get the results.
30. Dr [GRO-B] was concerned about my blood levels and my liver function so she ordered more tests. At this point I wasn't at all concerned as I had been there so many times before being told that my liver function is high or my blood was thick and I had never been given reason to think it was something to be concerned about apart from that one time in 1995/ 1996, as I mentioned above.

ANONYMOUS

31. It came to me as a huge shock when I got a phone call to tell me I had tested positive for HCV antibodies. It was explained to me that these results do not mean that I have HCV and it could be that I have just somehow been in contact with it.
32. At some point and I cannot remember the exact sequence, I was asked if I had ever injected drugs to which I was able to confirm I had not. I anxiously waited for the confirmation blood test results which came through some weeks later with a phone call at 9am (I remember the time and where I was vividly because I had just got back from taking my children to school and it was sunny) from Dr. GRO-B to tell me I had tested positive for HCV and to make an appointment to come and see her to talk about a referral.
33. Much of everything else is a blur, and it felt like my whole life had stopped, questions of how, where, when, how long for wouldn't stop going through my head and more terrifyingly the thought that I could have passed it onto my children.
34. I remember sitting in the doctor's office totally stunned, she was talking to me but her words weren't sinking in. She advised me to get my children tested which I did and I'm extremely relieved to be able to say that I didn't pass the virus onto any of them.
35. Dr. GRO-B referred me to a specialist at GRO-B the specialist whose name I don't recall set upon giving me a lecture on safe sex and condom advice. This made me feel awfully uncomfortable and distressed.
36. I was told I needed a fibro scan and referred to Liverpool Royal Hospital. I also wanted to be treated for my HCV at this hospital which was agreed. I am grateful for as in 2016 after a course of the new DAA treatment I was cured of HCV.
37. I have been asked if I knew what my viral load was at the point of diagnosis, but I cannot remember if anyone ever informed me of my viral load at the

time. I was only informed that I had HCV Genotype 1 which is the hardest type to get rid of.

38. However, from looking through my documents, I can confirm that the results of a test done 12 June 2014, stated that my viral load was 1671578, in comparison to the results of tests collected on 17 July 2014 which show that my viral load was 131086 iu/ml (log =5.12) "Results consistent with confirmed active hepatitis c infection (PCR positive)." The results further confirm that I had Hepatitis C virus genotype 1.
39. My main point of contact for advice and to gain some understanding of my diagnosis was the Hepatitis C Trust (Hep C Trust). Dr GRO-B admitted she didn't know much about the virus and that I would find out more information from a specialist but I needed to find out more for myself as soon as possible so I came home and turned to the internet for information about HCV, I read a lot of confusing information but luckily, I found the website for the Hep C Trust.
40. After hearing the news on my HCV infection, I was in a state of shock, unable to make sense of anything, all I could question is how on earth did I get HCV? What about my children? Do I have to get in touch with my ex husband? The thought of which filled me with absolute dread.
41. The Hep C trust spoke to me about the risk factors, how the virus is spread but none of the risk factors were relevant to me at all, then they asked me if I had ever had a blood transfusion, I explained yes but only a very long time ago after I was born and surely I would have found out sooner if that was the case but they explained that a person can be undiagnosed for years, sometimes even a whole lifetime without knowing they have the virus and that it is sometimes the case that the virus is only discovered when irreversible damage had been caused or death.
42. On reflection of my medical history from as far back as I can remember, to me personally it all makes sense in regards to the childhood high liver functions,

ANONYMOUS

all the blood tests and that it was likely it was HCV I was carrying and not EBV as my mother was originally told.

43. However, due to my medical records being lost/missing, I cannot prove it, no one on this planet wants to get to the root of my contamination more than I do and it's been very frustrating, distressing and painful not being able to do that.
44. I mainly received all my information on the virus from the Hep C Trust in the beginning, then later from Liverpool Royal Hospital.
45. I didn't receive any information from my GP practice upon my diagnosis. I tried to find out what I could online and found the Hepatitis C Trust website and phoned their helpline. I was very upset at the time, and they sent me lots of information out in the post.
46. I think that doctors and GPs should give people the contact details for the Hepatitis C Trust when they are given their diagnosis as, in my case, the news came completely out of the blue and it was hard to find any trustworthy information about the virus, especially online.
47. I don't have any strong views about how the diagnosis was delivered as my memory is still very hazy about the whole situation as I was overcome with shock and confusion. I do have strong views about how some healthcare professionals treat you post diagnosis.
48. I was advised against letting anyone else use my toothbrush or share a razor

Section 3. Other Infections.

49. Other than HCV, I do not believe that I have received any other blood borne infection as a result of the blood transfusion I received as a new born.
50. At the time I was diagnosed with HCV I was also told that I had to have a HIV and HBV test. Both tests were negative.

51. Although I have no other known infections that I know about, I have also been diagnosed with polycythaemia, currently the cause is unknown. This was originally diagnosed in 2014 by Dr. GRO-B after I was referred to Haematology for the first time at Arrowe park Hospital Wirral. I am still under his care. I have always been informed that I have '*thick blood*' and was always under the impression it was of no concern, I do not know but I suspect it could be a result of living with HCV for so long/all my life.
52. At first it was thought to be Polycythaemia Vera (PV) due to a low erythropoietin (EPO) level with a high red cell count, PV is a blood cancer but I do not have the JAK2 mutation which is present in 95% of PV patients so I am still without a diagnosis or explanation as to why my body makes too many red blood cells. The treatment I receive for this is a process called a *venesection*, it's a bit like giving blood but when my blood levels get too high. I have to have a bag of blood removed every 2 weeks until my levels get back to a safe range. I have had 2 bone marrow biopsies to try and find a diagnosis, but at my time of writing this, the cause is still unknown.
53. At the time of this treatment to remove my blood, on occasions the nurses would not wear gloves, I had to insist and for some reason they said it was fine. I was forced to explain in the presence of other patients that I had a virus which I believe had been given to me by the NHS and I did not want to give it back.

Section 4. Consent

54. As a new born, the issue of consent for me is irrelevant, my mother would have been responsible for any treatment I underwent until I reached the age where I was responsible for my own wellbeing and care.
55. My mother does not recall ever being told about any risks associated with my blood transfusion but I assume such risks weren't fully understood as much in 1972.

56. I do believe I have received treatment without being given adequate or full information because initially, I did not realise I was part of a trial for my HCV treatment until I went to the pharmacy to pick up the medication. The pharmacist did not recognise the name of the drugs, until he was handing them over to me then he exclaimed "oh you are on a trial" I panicked because I have children, and I did not want to be a part of any risky procedure. I had been promised that I would be on Harvoni, which was supposed to be the latest and best treatment but it was changed at the last minute.
57. In the end, I gave my consent to go on the Abbvie treatment for my HCV and to be a part of the research study.

Section 5. Impact.

Mental/Physical Impact

58. I have always suffered with migraines which are getting worse with age. I suffer with brain fog and find it hard to think and concentrate. My memory is terrible especially short-term memory. I suffer from fatigue and insomnia.
59. I am now terrified of hospitals and tests results ever since. I feel angry, frustrated, depressed and lost because the means of finding out exactly what happened to me and what my childhood blood tests were for, what the results were, how did the doctor reach the conclusion I was a carrier of EBV, why were my high liver readings never investigated again in my teens and in my 20s & 30s when it's evident they remained high all my life for no obvious reason.
60. My experience has been '*I got diagnosed and got treated, my cause and reason for being infected was ignored, that is it.*' I am unaware of what long term effects I need to be aware of, the doctors can't tell me if my polycythaemia or brain tumour is connected to my long-term HCV.

61. My GP file says I have cirrhosis but no one has told me that, I also have cysts' on my kidneys that no health professional has discussed with me either and I only found out when it come up in conversation when I was seen by a different doctor at the GRO-B in Manchester in 2021.
62. I have asked but I don't get answers. I have lost all trust in doctors. I used to be a very social person prior to my diagnosis, now I prefer to keep myself to myself and my personal life private to avoid the suspicion, doubt and stigma that I feel comes with HCV.
63. Sometimes I even wish I did have a history of drug abuse so I could just pass it off as the foolishness of youth, but I don't so I can't. Being denied the facts and answers is beyond awful and probably the worst experience of my life so far.
64. I have polycythaemia and a meningioma of the brain. I have asked my healthcare providers if these issues could be due to long term HCV but they are unable to answer. My GP medical records show Cirrhosis and I am told my hospital notes state kidney cysts but I have never been formally told about either. I feel that with each test or scan I have, something else is unearthed and it's a new issue to deal with, I live in fear of medical tests.
65. In 2000, amidst the investigations of my unexplained weight loss, I went to see the doctors. I explained that I had not had a period since 1994. Blood tests were taken and on 10 January 2001 she phoned me to tell me that I had the hormones of a 50 year old. She was very understanding.
66. I was only 28 years old but was diagnosed as entering the early menopause. I was put in contact with a gynaecologist, I had a scan and the result of this was that my ovaries were non functioning anymore and I would be unable to have another child.
67. I was prescribed with oral progesterone and gel oestrogen. In the end, I decided to take the gel oestrogen every day.

ANONYMOUS

68. In GRO-B 2002 I found out I was pregnant with my daughter. It was a shock to the doctors who could not believe I could be pregnant. They explained that I might be at risk of having a premature, or still birth but luckily none of that happened. I remember when I found out I was pregnant, I told the doctor Adrian Murray who asked me to come for the latest 3D scans, but I decided I would rather have a regular scan because I did not want to risk the baby.
69. My question is was this early menopause diagnosis contributable to HCV?
70. The lack of cohesion among the different departments within NHS services continues to affect me to date. On 15 February 2022, I contacted my doctor regarding my migraine. My GP said it was fine for me to attend A&E for the migraines, and while I was there I could have blood tests done. Due to Covid I wasn't happy to attend A&E.
71. Shortly after I attended my GP's surgery the nurse carrying out the blood tests looked at my date of birth. I assumed that she thought that my migraines were correlated to my age, and must be due to menopause. I explained that I had been on HRT's (hormone treatments for menopause) from the age of 28 up until I went on the HCV treatment.
72. The nurse sought advice and prescribed me oestrogen and progesterone on 15 February 2022, which have actually made me feel better and now my worry was that if I stop them abruptly, they'll only make things worse.
73. I am feeling less depressed and I am sleeping better as a result. When I explained to my haematologist that I had been prescribed HRT's he was upset and, in his words, stated "the doctors have not looked at your file" is one that will be negatively affected by HRT's.
74. However, I believe that by the time the prescription runs out she will have received the letter from my haematologist which will confirm that I am not allowed to be on HRT's.

ANONYMOUS

75. My HCV treatment regime was Abbvie, a combination of Viekirax, Exviera and Ribavirin for 6 months. I was prescribed 2 tablets of Viekirax daily, 1 Exviera a day and 400mg of Ribavirin in the morning and 600mg in the evening, because of my HCV genotype 1A.
76. The Royal Liverpool were helpful with getting me on the new direct-acting antivirals (DAA) treatment although it wasn't easy as they were only just becoming more readily available at that time in 2016.
77. As mentioned above, I was originally promised Harvoni, but it was changed last minute to the Abbvie treatment plus Ribavirin which was disappointing as I had heard bad things about Ribavirin but I was keen to take the cure non the less, however when I first received my prescription. I was shocked that the pills were out of date so I refused to take them and it was agreed by my specialist nurse not to take them which gave my treatment a delay.
78. When I did start to take them, it was the Thursday evening before Good Friday in 2016. I remember that because of the Bank Holiday. On the Friday morning I awoke with sharp pains in my liver, I looked in the mirror and my face and eyes turned dark yellow, I obviously knew something was up and I was really scared. My children were surprised the way I looked, I looked like a character from the Simpsons.
79. I tried to call the specialist nurse team but of course with it being Easter Bank Holiday there would be no one to speak to until the following Tuesday. I did speak over the phone with a liver specialist who was on the ward but he didn't know what to advise me due to the treatment being new and unknown to him.
80. It was left as my choice to stop the treatment and hinder curing the HCV as the medication had been introduced to the virus, risking it becoming more resistant to treatment or to keep on taking it and keep my fingers crossed.
81. Desperate to escape my HCV hell and opting for kill or cure I carried on taking the tablets and contacted the specialist nurse first thing Tuesday morning by which time my yellowness had subsided. She called me in for an ultrasound

ANONYMOUS

scan and it was decided the best option was to keep on with the treatment as I was nearly through my first week by then. The ultra sound did show some damage to my liver.

82. I found the Ribavirin hard going as I had bad side effects from it which made me cry at 4pm every evening without fail, I cried to the nurse begging to be allowed to stop taking them as it was thought to only be a precaution alongside the DAA treatment to secure a cure and not necessary with the Abbvie regime but she insisted I kept on them. After about three quarters of the way through I made my own decision to stop taking the Ribavirin. My tearfulness stopped and I started to feel better.
83. The Royal Liverpool did their best for me to get me on the new DAA treatment as I flat out refused the older treatment on account of being genotype 1a following the advice I received from the Hep C trust.
84. The mental effects of the treatment were horrible. I would sob for no reason. I felt tired but my mind was on constant high alert. Coming off them I felt the same for months after and I had a constant thirst. I have never felt like I got back to being myself since and it's been almost 6 years, but I am above all I am very happy that they worked and my viral load is now undetectable.
85. I feel my HCV status did impact the healthcare treatment I received since diagnosis and even after cure and how it has now made me rather avoid dealing with medical professionals despite having other health conditions. I will talk about my most recent experience.
86. In 2021, I turned to the GRO-B in Manchester in the hope of getting to the bottom of what is causing my polycythaemia and whether or not it was a blood cancer as my previous bone marrow biopsy at Arrowe Park Hospital was inconclusive. My readings were very unusual.
87. I am suffering badly from migraines, brain fog, tinnitus, left arm weakness and dizziness to name but a few, which I assume is a result of my high blood levels which is having a very negative effect on my day-to-day life.

88. Unfortunately, I was left with the impression that The Christie couldn't see past my historic HCV diagnosis and by chance I noticed on my medical record in that hospital that I had been flagged as a **'high risk'** patient despite the hospital being made fully aware that I had been cured of HCV in 2016.
89. The doctor who I was under had even requested that I did another HCV test on my first appointment just to confirm that I was still negative to which I agreed to and which also confirmed that I am indeed still free of the virus, he also asked me the usual uncomfortable questions about my sex life and if I have a history of intravenous drug abuse.
90. I always find it odd that doctors only ask about sex or drug use, they never ask if you've shared a toothbrush, a razor, had dental work or a tattoo abroad or a blood transfusion in the UK, they always focus on some 'act of shame' as if throwing some disease guilt punch at you, its most disconcerting and upsetting!!!
91. To me it feels that in reality I will never be allowed to move away from my past HCV infection and that I am to always be treated with an element of suspicion and the need to explain myself or prove that I don't have some kind of shady past, it makes me feel very judged and stigmatised. I retained an email I sent to Jessica Nichols at the GRO-B dated 15 Oct 2021, I include an extract of this email in which I wrote " *During my appointment I asked the doctor why I was flagged as high risk on my blood test, he explained it'll just be how the hospital operates and it will be because of the hep c, I again explained that I do not have hep c and I felt the system was wrong, he told me not to dwell on it.*
- I have found this experience extremely triggering, when I was diagnosed with hep c, it came as a complete shock, not only did I suddenly find out I had a life threatening virus I also found myself having to deal with the stigma and disinformation that comes with it. I had to deal with the anxiety, shock, depression, fear and test fear that this diagnosis left me with. I have worked hard trying to put it all behind me as soon as I got the all clear and was cured. I in no way expected to ever see it in future hospital situations as being an issue or myself labelled as high risk because I once had a virus. I do feel like*

I have been treated differently because of it. I feel I have been judged as 'junkie sexual deviant' at the age of 49 all on the basis of a historical virus which I was contaminated with not through 'misadventure'. I came to your hospital for help, I have left your hospital with resurfaced trauma from a historic health condition with the added depression of feeling I will never be allowed to move away from misplaced stigma & discrimination that is wrongfully attached to hep c and other bbv infection.

I would also like to add that I am in no way complaining about any individual staff members if The GRO-B certainly not the doctor who did work hard trying to diagnose my blood condition but unfortunately couldn't, I am complaining about the policy in The GRO-B of highlighting/ stickering patients as high risk which is a policy that should no longer be in place in the NHS. For me, it has left me deeply traumatised and brought back those 'unworthy/dirty/ I'm judged' feelings that living that hep c used to give me. I question if my investigations have been as thorough as they would have been if I had not had a historical illness. I was hoping I would have a FISH test from the bone marrow biopsy but the doctor said it wasn't necessary but for me it would have reassured me that there's no chromosome issues causing my blood counts but now I can't help but wonder if this wasn't done because my tissue sample was wrongly labelled as high risk or hazardous.

Lastly, I have spoken with the national charity for people with hepatitis C (The Hepatitis C Trust) and they have advised me that recording/stickering of record with "High Risk" is now seen as archaic and unnecessary - as ALL blood is a potential risk as a result of people who have undiagnosed hep c and/or other viruses."

92. On 25 November 2021, I received a response from Roger Spencer, Chief Executive at The GRO-B NHS Foundation Trust, and extract of which he wrote states "Please be reassured that we take these issues seriously. We have raised your concerns with the Infection Prevention and Control Lead, so that the issues you raise (and the effect it has had on you and potential other patients) can be carefully considered. The team will undertake an evaluation

ANONYMOUS

of how the Trust uses high risk alerts on our electronic patient records system going forward. In your case, the high risk status should have been reviewed once the negative result was available. I note that the high risk flag was removed from your record on 8th November 2021. Once more we apologise for the anxiety and upset this caused."

93. It is this recent experience at The GRO-B that has brought me back to the inquiry and the reason behind why I am submitting my statement to you now to have my say and let my experience be known.
94. The GRO-B has since apologised for marking me as high risk and agree that the situation shouldn't have happened and have since removed the 'high risk' status from my medical record, however I am no longer under their care and it has left me reluctant to have any further treatments from any hospital.
95. I am still also currently under Dr Dasgupta of Arrowe Park Hospital, Wirral, haematology department and The GRO-B hospital neurosurgery. I have also been diagnosed with having a meningioma of the brain on my posterior falx last year, I suffer badly with brain fog and memory issues as well as balance and arm weakness.
96. My GP record shows I have cirrhosis but I have never been told of this directly nor have I ever received treatment or information for it. Whether or not my blood condition or the brain tumour are connected to my long-term HCV infection, I do not know as no medical professional who I have seen has been able to answer that question for me.
97. I have had several fibro scans and the results have usually ranged between 11 and 16. Recently, I have also had an ultrasound scan but I have never had a liver biopsy. I believe the results of my fibro scan readings have not been as high as I would expect, however I don't usually ask for information when it comes to the state of my liver.
98. The last fibro scan I had was my yearly after-treatment scan in 2017. At the time I was informed that the scan showed I had echotexture, that is a rough

ANONYMOUS

texture on the outside of my liver. Documents from my medical records confirm that I have high fibrosis or possibly cirrhosis but no one has ever sat down with me to discuss this in detail. On one of my documents, it states that there was "evidence of cirrhosis due to a raised fibro scan and low platelets".

99. The reason I do not know much about my liver could also be because I mentally shut down when the topic of my liver comes up because I am terrified of discussing my liver. The liver is a major organ and I am terrified of considering whether I could have organ failure. However, once I finished my HCV treatment I was discharged from the liver services so I believe that my liver is currently not an issue.

Impact of family members.

100. It was probably fortunate in some ways that when I became diagnosed with HCV after my divorce was complete and I lived alone with 2 of my 3 children with my oldest leaving home to start in Sheffield University.
101. My ex-husband and I had a difficult relationship, and I have several injunctions against him, so I would not want him to be aware of my HCV diagnosis. I have no contact with him and would prefer not to have to inform him to take a HCV test.
102. I was in a relationship at the time of my diagnosis, and I informed him and he was very good about it. He took a test and once I found out he was negative, I decided to end the relationship because I did not want to drag him or anyone else through this journey of mine.
103. The children I had at home were my daughter who was then aged 11 years doing her last year of primary school and my son aged 16 in secondary school. I managed to keep everything as normal as I could for them but I did explain about the medication that I was going to have to take when the time came that it could make me angry or weepy and for them not to take any notice of me if that happened, luckily, I only ever got weepy!!

104. My younger two children did not really understand at the time, and they were great in general. I had them tested as soon as I could. My older son GRO-B was at university doing his placement in the NHS so I waited to tell him after he was done with university and his placement because I did not want it to affect his education and job. All the children's test results came back negative, which was a relief.
105. My mother was as shocked as I was and I advised her to call the Hep C Trust helpline to put her mind at rest as they would be able to explain more about the virus then I could.
106. I did tell a couple of friends at the time as I was in shock and felt I needed to talk to someone. This was a mistake and my diagnosis was met with the misplaced stigma and fear that I could somehow magically pass the virus onto them and the obvious questions about how did I contract it. On one occasion, after a friend had her baby she would not let me get close for fear I would pass the infection on.
107. This is why I made my choice to not discuss my HCV with anyone other than doctors if necessary or the Hep C trust if I ever needed support or advice. I learnt that there is much confusion about HCV and HBV is easier to catch. As already mentioned in my points above, it's clear that I felt stigma as a result of my HCV diagnosis. I chose not to talk about it to people I know and have made the choice not to share my life with a new partner in order not to have to disclose my past virus.
108. As a young mum, I was exhausted, but I also had trouble sleeping because of my poor metabolism given that I was eating but I was losing weight unexplainedly. I was exhausted but I coped. Even before I knew I had HCV, I felt exhausted, but I had to breastfeed so I was on demand. I do not know how I managed to cope especially with having two young boys so close together, as well as dealing with moving houses at one point. I was also in full time work when my son turned two.

109. It is difficult to admit this, especially because I wanted to be cured, but I remember one of the nurses used to say to me all the time that I would feel a lot better after my HCV treatment and once I have been cured. However, I feel a lot worse since I have been cured. I feel like I miss it, and as much as they told me I would start to feel better I think I am more fatigued now.

Education/work/performance

110. After completing the treatment and waiting to hear if it had been successful or not, I did enrol on a course to do level 3 counselling as I wanted to put my experience to good use however this was a struggle as the treatment had taken a lot out of me and my energy levels weren't close to being back to normal. I suffer badly from migraines, dizziness, memory, balance, brain fog, focus, just about everything that helps a person to function normally.
111. At the time of my diagnosis, I was a full-time carer for my father who was housebound. I managed to keep up with his care but he unfortunately died in 2015 before I started my treatment.
112. I told the children they were not allowed to discuss my HCV with anyone, but they were really young so I don't know if they did. I had to take my daughter out of school because she started to have a hard time in school due to bullying. I don't know if my HCV diagnosis had anything to do with it, but the bullying got really bad, and the school was not doing much to make it better so I took her out of school and home-schooled her for her final year.
113. Once my daughter's schooling was complete, I began working full time for GRO-B in customer services which was a call centre environment, due to severe migraines and fatigue this was difficult for me but with the arrival of covid 19 my polycythaemia made me clinically vulnerable so I left my employment.

ANONYMOUS

114. I now survive on Universal Credit and LCWRA, an additional benefit of £200 a month which you get if you are too ill to work, as well as standard rate PIP for daily living and mobility, this is a very insecure income as every day I worry it will get stopped and claiming PIP was a long process which took over a year and I had to go through the tribunal process as I was refused it receiving 0 points despite my medical issues.
115. I feel like I had to defend myself just to claim the PIP because even though I am not well they did not believe me. While going through the tribunal process for the PIP, I received the bundle that the lawyers were sending to the court, one of which included a letter from a doctor that says I have HCV, even though I am cured. I have got the PIP now but I will be reassessed in September 2022.
116. I receive no other income from Skipton or EIBSS as my route of HCV infection was disbelieved due to lack of supporting evidence. Namely my medical records had been lost or allegedly destroyed.
117. The Impact on others: I tried as hard as I could not to allow my situation to impact those around me, I probably just froze everyone out and tried to keep up the pretence of normality for my children which was something I was already doing post-divorce.
118. It upset my mother as like me, she tried to get hold of her medical records to confirm her maternity and antenatal treatment and difficult birth but her records were also unobtainable so in that sense my mother hit the same brick walls that I did.
119. I do not think that my mother feels guilty about my having contracted HCV, although she is upset that I am having to go through all of this, because she knows I get stressed out about it, and she worries about me pursuing it further.

Section 6. Treatment/Care/Support

120. I was lucky in regards to treatment and as far as I am aware I was one of the first people in Royal Liverpool Hospital to be given the new treatments. I had previously declined the Interferon on the advice of the Hepatitis C trust as it would have been more likely to have been unsuccessful for my genotype. The specialist nurses at the Royal Liverpool hospital were very approachable and supportive throughout my treatment.
121. I was never offered extra help, i.e. counselling but as I am unable to verify how I became contaminated I assume such support wouldn't have been available to me. The only support I have had is from the Hepatitis C Trust, I was put in touch with Sam through Michelle and they have been brilliant.

Section 7. Financial Assistance

122. As previously mentioned, I have not ever been in receipt of any financial assistance or gratis payment as I am unable to obtain my complete medical records, allegedly they have been lost or destroyed, so I have no means to verify my claim and merely have circumstantial evidence. I applied to the Wirral Archives Service for the records of my birth.
123. On 12 November 2014, I received a letter from William Meredith. Archivist. It reads: *'Thank you for your email requesting the records of your birth and treatment in the maternity of GRO-B Hospital. I am sorry to say that although we hold a number of records for GRO-B Hospital, we do not hold the maternity register for the month of GRO-B 1972. Also your case notes from 1972 will have been destroyed (unless they were passed onto your GP), as NHS data regulations state that children's case notes are to be kept for no longer than 25 years, under the Data Protection Act. I am sorry to provide such disappointing information'* **Exhibit WITN6910005 refs.**
124. I found out about the Skipton Fund from the Hepatitis C trust who advised me to apply.

125. I have not received anything from any trust or fund as they concluded that any evidence I had available and been able to provide was not supportive enough as I am unable to obtain my post-natal records or full infant medical reports.
126. I applied online via the Skipton Fund website after being directed to it by the Hep C Trust. I received the form and filled it in and my GP, Dr [GRO-B] who filled in the relevant section on how it is thought I became infected with HCV and how she believed it was as a result of an NHS blood transfusion on account of my liver function being high pre-1991. The copy of the application is shown as having been received by the Skipton Fund on three occasions. '31 Oct 2', 'May 2014' and '13 Nov 2014' Skipton ref 8499. **Exhibit WITN6910006 refs.**
127. On 6 November 2014, I received a letter from Shane Baker, Senior Scheme Assistant. In summary, he writes that the doctor completing my form supplied medical records to confirm the HCV PCR positive test but none to support that I underwent treatment with NHS blood or blood products prior to September 1991. He suggests that I contact [GRO-B] Hospital to ascertain if they hold any records relating to the procedure I underwent at birth in 1972. **Exhibit WITN6910007 refs.**
128. On 17 November 2014, I (handwritten date) received a letter from Nicholas Fish, Scheme Administrator. In summary he states that the Wirral Archives Service confirmed that there were no longer any relevant records available for my time at [GRO-B] Hospital. It is therefore with regret that my application was declined. **Exhibit WITN6910008 refs.**
129. Due to the fact that through no fault of my own I was unable to produce any medical records written at the time of my birth, my claim was unsuccessful.
130. At around the same time, 18 November 2014, I received a letter from Wirral University Teaching Hospital, Information Governance/Records Manager, signed on behalf of Lin Snow. They confirmed that they could not locate any records prior to 1990. **Exhibit WITN6910009 refs.**

ANONYMOUS

131. I appealed the decision. I sent all supporting information I could find, including past blood test results all with high liver function readings, letters from Wirral NHS archives and from my GP practice manager stating that my records were no longer held or were lost.
132. I sent in witness statements from my mother and my aunts who remember my birth and support the fact that I had a blood transfusion soon after my birth. **Exhibit WITN6910010 refs.** signed [GRO-B] my aunt, dated 15 March 2016. And another letter dated 22 March 2016 signed by [GRO-B] My other Aunt. **Exhibit WITN6910011 refs.** And lastly the letter from my mother dated 30 April 2016. Signed [GRO-B] **Exhibit WITN6910012 refs.**
133. The earliest blood test result written in a reference card from 1986 -1996 questioning low platelets and raised ALT levels with normal GGT were copied and presented as evidence. **Exhibit WITN6910003 refs.**
134. On 4 May 2016 I wrote a long letter appealing the decision. It reads..'*I wish to appeal against your decision re my claim for the gratis payment for the gratis payment for receiving contaminated blood via the NHS. Please accept my apologies for the delay in my appeal, I had a family bereavement which became my priority along with my own health. I am appealing on the advice of my treatment team at the Royal Liverpool Hospital.*

I maintain that the only possibly means of myself being exposed to and infected with hepatitis C is from blood products I received at the [GRO-B] Hospital in 1972 within my first week of life. My mother went into early labour which resulted in her needing a c-section delivery. I was delivered before my mother went full term with her pregnancy and soon after I was born I suffered jaundice and as a result I was given blood. Unfortunately, no records are obtainable from [GRO-B] Hospital due to all records being destroyed due to data protection, please find enclosed another copy of a letter from the NHS archives to verify this.

ANONYMOUS

From an early age, my bloods have been brought into question my earliest memories are from the age of about eight when I became ill with tonsillitis that I didn't seem to fully recover from at the time my GP then was [GRO-B] [GRO-B] of [GRO-B] Dr [GRO-B] could not find out what was wrong with me so he sent me for blood tests at the [GRO-B] Hospital, [GRO-B] These were my first blood tests that I can recall and I had to have follow on test as my levels weren't in the normal range, my doctor at the time concluded that I must be a carrier of a virus, perhaps glandular fever as my mother suffered badly with it in late pregnancy when she was carrying me, no further investigation took place. It is only now I realise that the virus that was the cause of my abnormal bloods would have been hepatitis c.

The practice manager of my current health centre that I have been with for over 27 years is currently going through the medical archives for me at his surgery to find if there's information in their records to verify this. He has already provided me with some historical blood test results which confirm a history of blood levels which would be consistent with someone infected with hepatitis C however I remained undiagnosed until 2014

As Hepatitis C is spread via blood contact there is no other way I could have possibly contracted the virus, I do not nor have I ever, been in the 'at risk' category for hepatitis c infection, which might explain why doctors that have raised concern about my raised alt, ast low platelets etc did not think to get me tested for this virus as I do not fit the textbook 'at risk' profile

Please find enclosed statements from family members, including my mother, as well as another copy from the NHS archive department who confirm that they no longer hold records of my birth/delivery/natal care due to data protection laws.

Please find enclosed some further information for my appeal which is due to take place on 6th July 2016

ANONYMOUS

Unfortunately, my current GP surgery have not kept a record of past blood test which have regularly over the years shown high LFT's, it would appear that the main medical information that remains for me is largely my childbirth records & my practice manager claims they do not have records from my childhood GP, Dr [GRO-B]. However, a few of the old-fashioned medical system of doctors' appointments of which are hand written onto reference cards which state blood test requests plus one card from my childhood GP which seems to question my platelets, these are all handwritten and whilst the writing is difficult to read it does confirm what I say about my history of blood test. My missing records would coincide with the gp practice moving premises in early 2000.

Also enclosed is a newspaper article from 1982, as a 10 year old child [GRO-B] [GRO-B] in the article as I am referred to [GRO-B] short for [GRO-B]. I was concerned that my local hospital where I had to have my blood tests was being closed down so I tried to raise money to help keep it open, which also confirms what I said in my previous letter which states that I recall being as young as 8 when my bloods were first queried and it was just assumed and left that I was a carrier of a virus presumably glandular fever

Please find enclosed

- * Letter from my GP practice manager
- * Newspaper article photocopy from 1982
- * a couple photocopies of medical reference cards, those which are readable & which were possible to photocopy (some are very faint) and the handwriting makes difficult reading

This information confirms a history of blood tests and raised LFT's from a young age which would be from my being infected with HCV from a blood exchange received shortly after my birth.' **Exhibit WITN6910013 refs.**

135. I sent in every single scrap of information I could find to support me but it was in vain as without the actual record of the blood transfusion in 1972 I was not entitled and my supportive evidence was not deemed as supportive enough.
136. On 12 May 2016, I received a letter from Nicholas Fish, confirming I wished to lodge an appeal. **Exhibit WITN6910014 refs.**
137. On 14 June 2016, I received a letter from the Practice Manager at GRO-B GRO-B confirming that the surgery did not hold any of my childhood blood tests and that they were probably lost when the records were computerised. **Exhibit WITN6910015 refs.**
138. On 7 July 2016, I received a letter from Mark Mildred, Chair of the Skipton Appeal Panel. The letter confirmed that the panel had refused my appeal. In the 8th para. Page 2 he wrote, *'The panel noted that you believe that you underwent a blood transfusion at birth in 1972. There is confusion as to whether this was because of jaundice or anaemia. After all this time there is no chance of finding out for sure what condition it was. You have provided letters of support from your mother and two aunts but whereas you say you were given blood because you were jaundiced, your aunts say it was because you were anaemic and your mother does not give a reason. Your mother had glandular fever before you were delivered before full term by Caesarean section but there is no reason why this could have caused anaemia in you as a baby'* My understanding is that anaemia and jaundice was linked. I was devastated. **Exhibit WITN6910016 refs.**
139. On 12 July 2016 I wrote to Nick Fish to enquire if all my supportive evidence had been received and looked at by the panel chaired by professor Mark Mildred. **Exhibit WITN6910017 refs.**
140. In the letters written by both my aunts, they confirm that I was born anaemic. **Exhibit WITN6910010 and 11 refer.** The appeal rejection letter made the confusion between being jaundiced and anaemic the reason for my refusal, it also said that my mother having Glandular fever would not affect me having jaundice as a new born, I didn't say it had, I mentioned it to highlight my

mother's struggles in illness during her time carrying me which I assume may of had an effect on her pregnancy wellbeing and perhaps why she didn't go full term. **Exhibit WITN6910017 refs.**

141. On 17 July 2016, my mother wrote to Nick Fish. In the email, she wrote, *'Please accept my apologies if my letter to you was misleading as to how my daughter [GRO-B] was contaminated, due to, in my belief, being given blood after her birth to treat her jaundice.*

Unfortunately, my having glandular fever possibly contributed to my going into early labour with [GRO-B] which at the time I was told that my baby being born premature was the reason behind her being born jaundice.

Also I vividly recall our family GP Dr [GRO-B] diagnosing [GRO-B] at a young age no older than 9 years old, as being a carrier of a virus which he concluded, after monitoring [GRO-B]s bloods at the time that the virus was possibly a mild form of glandular fever due to my infection with it in late pregnancy.

*In light of [GRO-B]s Hepatitis C diagnoses I now believe that the virus that was detected in her childhood was in fact HCV which was transmitted via the treatment she received at [GRO-B] Hospital Maternity for jaundice after her birth and not a mild form of Glandular fever as originally thought.' **Exhibit WITN6910018 refs.***

142. In response to my email dated 12 July 2016, see **Exhibit WITN6910017**. I received an email from Nick Fish dated 29 July 2016. He writes. *'I referred your 2 emails, and the email from your mother to the Appeals Panel via the Chairman and he asked that I relay the following:*

The panel has confirmed that they had all the papers and that there is nothing in the recent material that would change its view.

ANONYMOUS

In light of all the evidence, it seems the mother had glandular fever in late pregnancy. This may have contributed to an early labour. It was decided that the baby should be delivered by Caesarean Section "because of a weak heart beat" and the early delivery is believed to have contributed to the baby (the claimant) having jaundice. The claimant appears to have abandoned the anaemia theory in favour of jaundice.

There is no evidence presented that the jaundice was anything other than the common physiological jaundice of prematurity and this would rarely require blood transfusion. The usual treatment for this is phototherapy and this is not mentioned at all. It would be very rare to be severe enough for blood transfusion.

If you do receive further information that is relevant to your claim from the NHS archives, please forward copies for your consideration.' **Exhibit WITN6910019 refs.**

143. I am not medically trained and I can only send the information and knowledge that I have, all I know is that I was jaundice, born yellow, whether that be connected to anaemia or whether my aunt made a mistake I do not know but I do know that I have been told all through my life that I was a 'yellow baby' and a had a blood transfusion.
144. I have faced nothing but obstacles. My claim was denied outright, it was apparent that this was not going to change unless I could resurrect my missing medical records from birth to 2002. I felt that without the documents of my actual blood transfusion from 1972 which have now been allegedly destroyed, I had no chance of even being listened to or the evidence I did have of being taken into consideration by the panel.
145. On 3 March 2018, I wrote a letter to the EIBSS. It reads as follows: 'Dear EIBSS c/o The Skipton Fund

Please find attached my consent form for the Skipton Fund to pass on my files to you for further consideration. I feel my appeal was not looked at thoroughly

ANONYMOUS

and dismissed easily due to lack of evidence which is confirmed in correspondence from William Meredith of Wirral archive services 12th November 2014, Lin Snow of Wirral University Hospital NHS Records Manager 18th November 2014, & GRO-B the practice manager from my surgery 14th June 2016.

I felt that my appeal wasn't looked at thoroughly enough at all as there were some errors made by the panel on my reasons for appeal which I highlighted in an email to Nick Fish dated 12th July 2016, however, the response I received was further dismissive and very insensitive. In the response I received from Nick Fish and the appeal panel dated 29th July 2016 it stated (quote) " The claimant seems to of abandoned the anaemia theory in favour of jaundice" As the claimant, I had not stated that I had suffered anaemia and to my knowledge the treatment I received was because of jaundice, anaemia only got mentioned in a letter from one of my aunts who probably conversed with each other, I had asked them for a brief statement on their memory of my hospital treatment at birth, it all happened in 1972 it's forgivable! Also, the panel mentioned it would be unlikely for me to receive this treatment for jaundice, I believe blood treatment for jaundice was still a common practice in the 1970s, my mother is rh neg and I was her 2nd child however as far as I am aware I am also rh neg so my jaundice is unlikely to be a result of blood incompatibility but I do wonder if my jaundice was treated with caution because of my mother's blood group. I am not a medical expert however all I know is that I had this blood treatment as the story of my birth and how my mum couldn't see me straight away has always been a family fact and a story that was always retold to me in my own pregnancies. I have since read an article titled 'Long term outcome (35 years) of Hepatitis C after acquisition of infection through mini transfusions of blood given at birth' which is available online which seems to be what I believe has happened to me in the UK.

When I learnt I have HCV in 2014, I was shocked and had no idea as to how I became infected as I have no risk factors, apart from the blood treatment at birth.

Also in regards to the glandular fever, my blood was brought into question when I was a young child. I have no memory as to why I had to have regular blood tests at [GRO-B] Hospital under the instruction of Dr [GRO-B] [GRO-B]. The blood tests resulted in my doctor concluding that it was likely that I was a carrier of glandular fever and not a sufferer of it and this was possibly because my mother was ill with the virus when she was carrying me, however a google search can tell me that both EBV virus and HCV present raised LFTs which confirms the presence of HCV at a young age as HEP c was not known about at that time so it wouldn't of been spotted. I have tried and failed to obtain my childhood blood test results, for personal reasons I am interested to now know what I was being tested for and what the tests were showing but unfortunately no records have been kept, all I have is an old newspaper story about myself and a friend trying to raise money to keep the hospital open as I (thought I) needed it to remain open for my continuing blood tests.

*I feel it's a great shame that through no fault of my own I cannot retrieve my medical history to confirm what I am saying, throughout this ordeal of rejected claims, I feel that I have been made to feel like some kind of fraud. Without being able to obtain the records of my birth or even the childhood blood tests it is merely my word and my belief that it was the blood treatment at Clatterbridge maternity hospital that infected me with HCV.' **Exhibit WITN69010020 refs.***

146. On 23 April 2018. I received a response to my further appeal. The content confirmed that the Panel had refused my appeal. Signed by. Nicola Richardson. Chair of Appeal Panel. **Exhibit WITN69010021 refs.**
147. My only observation is that for me and with the limited information that was left of my medical records is that it was an impossible task to be considered eligible from the Skipton Fund. I regretted going through the whole process as I felt like I was being accused of lying and so were my family members. I felt ashamed to have put them through the trouble of writing witness statements only to have them disbelieved. I felt the whole process very unfair and very demoralising.

Section 8. Other Issues

148. With regards to the Contaminated Blood Scandal ("CBS"), I would like the IBI to establish some sort of recognition or an apology for what happened to me and all the other people infected and or affected.

149. In addition, the way the Skipton Fund and EIBSS make their assessments for people like me must be reviewed. Through no fault of my own the evidence to prove I was given a blood transfusion at birth has been lost or destroyed. It is a horrible feeling not to be believed.

Statement of Truth

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

Signed _____

GRO-B

Dated _____

13th April 2022

ANONYMOUS

Table of Exhibits:

Date	Notes/ Description	Exhibit number
12/11/1982	GRO-B News, newspaper article	WITN6910002
18/06/1986 - 06/08/1996	Copy of notes on GP card re abnormal LFTs	WITN6910003
1988 - 1996	Dr GRO-B handwritten notes	WITN6910004
12/11/2014	Letter from William Meredith, Archivist, Wirral Archives Services	WITN6910005
31/10, 05/2014, 13/11/2014	Copy of online application form sent to the Skipton Fund	WITN6910006
06/11/2014	Letter from Shane Baker requesting medical records, Skipton Fund	WITN6910007
17/11/2014	Letter from Nick Fish, application to Skipton Fund declined	WITN6910008
18/11/2014	Letter on behalf of Lin Snow Wirral University Teaching Hospital re records prior to 1990	WITN6910009
15/03/2016	Letter from aunt GRO-B	WITN6910010
22/03/2016	Letter from aunt GRO-B	WITN6910011
30/04/2016	Letter from GRO-B (mother)	WITN6910012
04/05/2016	Letter to Skipton Fund re upcoming appeal	WITN6910013

ANONYMOUS

12/05/2016	Letter from Nick Fish re lodge of appeal	WITN6910014
14/06/2016	Letter from GRO-B Medical Centre	WITN6910015
7/07/2016	Letter from Skipton Fund Appeal Panel	WITN6910016
12/07/2016	Email to Nick Fish re appeal decision	WITN6910017
17/07/2016	Email from GRO-B to Nick Fish	WITN6910018
29/07/2016	Email from Nick Fish re recent emails and appeal panel decision	WITN6910019
03/03/2018	Email to EIBSS	WITN6910020
23/04/2018	Letter from EIBSS, Nicola Richardson confirming the Panel refused my appeal	WITN6910021