Witness Name: Pamela Baggott
Statement No.: WITN5674001
Exhibits: **WITN5674002**
Dated: 26.8.21.

# INFECTED BLOOD INQUIRY

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# WRITTEN STATEMENT OF PAMELA BAGGOTT

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26 March 2021.

I, Pamela Baggott, will say as follows: -

## Section 1. Introduction

1. My name is Pamela Baggott. My date of birth is GRO-C 1946 and my address is known to the Inquiry. I am retired, but worked for the NHS for 30 years. I was a clinic secretary for the Family Planning Association in Dudley and then worked as a team administrator for a group of health professionals in Birmingham. I live with my son and we have lived in Chester since 2012, when we moved to be closer to my daughter and her family.

2. I intend to speak about my late husband William Peter Baggott, who was born on GRO-C 1937 and sadly passed away on GRO-C 2012, at the age of 75. I always called him Peter. He was infected with Hepatitis C (HCV), as a result of receiving a blood transfusion after a tonsillectomy.

3. In particular, I intend to discuss the nature of his illness, how the illness affected him, the treatment received and the impact it had on him and our lives together.

4. I confirm that I have chosen not to be legally represented and that I am happy for the Inquiry team to assist me with my statement. I have had the anonymity provisions explained and I am happy for my statement to be in the public domain.

## Section 2. How Infected

5. Peter and I met in a dance hall just before I turned 17. We started to go out together and married in 1967.

6. The first time I became aware that Peter had a blood transfusion was when the children had tonsillectomies. GRO-C GRO-C. Claire had her adenoids removed and then her tonsils. Peter was very worried and anxious ahead of the operations and explained that when his tonsils were removed in 1950, he haemorrhaged and required blood. He had been very ill with the operation. Peter would have been 13 at the time of the procedure, which was in the very early days of the NHS. All medical records would have been handwritten at that stage.

7. I became a blood donor because my mother also required a blood transfusion and I felt that I should give back. For years, I tried to persuade Peter to donate blood as well but he was scared about the needle. In general, he was very anxious over needles and medical procedures. In September 1997 when he retired from BT (at the age of 60), Peter finally decided to donate blood, as he now had time to do so. He would have donated in GRO-C Dudley.

8. I was at work, in the health visitor's office, when Peter phoned to say that the Blood Transfusion Service had been in contact via telephone to say that he had HCV. He was very shocked and worried over the news and neither of us understood what the virus entailed, because we had never heard of it. I had a word with a colleague, who looked it up and told me that you could be infected for years and not have any symptoms, but that it could become a problem later on in life.

9. Peter went for a secondary blood test at the Queen Elizabeth Hospital in Birmingham, which confirmed his HCV diagnosis. He was then referred to a consultant in the liver department and an appointment was arranged for 18 December 1997. Peter was asked if he had been a drug user and exchanged needles. He was horrified to be asked this as he had never used drugs of any kind. The consultant suggested that Peter had a liver biopsy, but as soon as it was mentioned that a large needle would be used during the procedure, Peter opted not to go ahead and instead the consultant examined him externally. The consultant said that he could not find anything to indicate that Peter had any problems and there was no liver enlargement.

10. At this stage Peter felt perfectly normal and experienced no problems as a result of the virus – no hair loss, no sleeping problems and no rashes. Looking back, nothing was out of the ordinary. We were both scared after the diagnosis, but as time went by nothing seemed to happen.

11. We were given no advice on infection management or about precautions to take, except not to share toothbrushes – but we did not do this anyway.

12. Peter was a very fit man and showed no signs of ill health – he would walk and cycle for miles. He had been playing football until the age of 40 and his job with BT involved digging holes and climbing telegraph poles. After cycling 10 miles there and back to work, he would come home and take our son over to the local park where they played football with a group of other children. After Peter retired, he started to deliver newspapers morning and evening for a local shop and he preferred using the bicycle to the car. He never commented that he was tired and would just keep on going.

13. To confirm, Peter never had any other operations that required a blood transfusion. He was not an intravenous drug user, had no tattoos or piercings and was happily married to myself. Although he was conscripted at the age of 18, he never went abroad with the forces and therefore never received any foreign medical treatment.

14. It was never recommended after Peter's HCV diagnosis that I or the children should be tested, however I asked for a test off my own back and the results were negative. I am aware that Claire had had a test which was negative GRO-C GRO-C

## Section 3. Other Infections

15. Peter did not contract any other infections other than HCV as a result of being given infected blood.

16. A HIV test was never mentioned by any of the medical professionals, so I am not sure whether Peter was ever tested for the virus.

## Section 4. Consent

17. As far as I am aware, Peter never consented to be tested for HCV, but it could have been a tick box on the form when he donated blood.

## Section 5. Impact

18. After Peter refused to go ahead with the liver biopsy that was it – he was not monitored any further and we heard no more from the hospital.

19. Peter and I celebrated our 40th wedding anniversary in 2007 and went on holiday to the USA. There was no apparent decline in Peter's health. He carried on as normal and there was no indication of any health problems. We got lured into a false sense of security and thought we would be one of the lucky ones not to experience any problems as a result of the HCV infection.

20. As Peter approached 70, I wondered why he had never heard again from the hospital, so I persuaded him to visit Dr Richards, our GP. Peter had never seen a GP in the 20 odd years we had been registered with the practice, apart from when he had to have his ears syringed and then he fainted during the procedure.

21. Dr Richards suggested that he had an ultrasound at Kidderminster Hospital. During the ultrasound appointment, Peter was told that he was healthy and there was nothing from the scan to indicate that he had any problems with his liver. We went back to Dr Richards who confirmed this and went on to explain there was a treatment available, but it involved needles and only had a success rate of 50%. Peter declined this. I think if there was a guarantee that the treatment would clear the virus, Peter would have gone ahead but at the time he still looked so fit and healthy. To confirm, Peter never had any treatment in an attempt to clear the HCV at any stage.

22. In 2011 Peter developed cellulitis in his left leg. The doctor told us that it was probably caused by an infection, but did not say what type of infection. Peter was prescribed antibiotics which cleared the infection. I cannot remember how often this happened but it was more than once and this was the year we travelled to New England on holiday. The GP had given Peter some antibiotics to take with us just in case.

23. On the flight, he wore the recommended socks and kept getting up to walk about. When we got to our hotel in Falmouth he took the flight stockings off and his legs were red. The redness disappeared from the right leg, but not completely in the left, so he decided to wait and see if it would clear up. When we reached Boston, Peter had to take the antibiotics because the leg was getting worse. The redness never cleared from his left leg during the holiday and we were away for a total of 9 days.

24. In January 2012 Peter had a DVT in his left leg and he received heparin injections – he knew he had to have them, although with his needle phobia it was rather problematic. He had to have an ultrasound on his leg and he was required have regular blood tests to monitor his INR reading. After the heparin injections he took warfarin until September 2012, when the GP confirmed that his INR was satisfactory.

25. In September 2012 we went on a small cruise because of the problem with Peter's legs and flying. This is when I started to notice things were not quite right. During a meal out, he did not seem to know what knife and fork to use. Peter's memory

started to become a problem and he even found it hard to remember how to make a cup of coffee.

26. Not long after we returned home, Peter was supposed to go to the doctor for a blood test, but he got confused and did not know why he had gone to the surgery. He came home, so I accompanied him back to the doctor's surgery. The practice nurse undertook a dementia test and asked Peter for his address, but he could not even remember where we lived.

27. I also noticed that Peter was starting to put weight on around his middle, which I could not understand because he had always been a healthy eater and led an active life. He could always eat whatever he wanted and never put on any weight because he was always exercising. The stomach swelling gradually got worse.

28. As a result of the stomach swelling, I was becoming worried and arranged an emergency appointment for Peter to see a doctor. Our surgery was GRO-C GRO-C. Peter was examined by Dr GRO-D who diagnosed a hernia. He was going to refer Peter to the hospital, but I explained that we were in the process of moving to Chester and he thought it would be best for our new GP to refer him onto the local hospital. I do not know why he sent Peter away, when it was obvious from his notes that he was infected with HCV and this was a possible consequence of that and an indication of a worsening situation.

29. In the meantime, Peter's stomach continued to expand and I noticed that he was experiencing diarrhoea and his stools were orange in colour. He was also finding it more difficult to walk – we had walked down to the local garden centre and Peter had to keep stopping on the way. Once we arrived, he collapsed in a chair and Paul had to come and pick us up.

30. 10 days after seeing Dr GRO-D I arranged another emergency appointment and Peter was referred straightaway to Russells Hall Hospital in Dudley.

31. When Peter was admitted to hospital, he had a drain put into his stomach to extract 10 litres of fluid. The doctor explained the procedure and said once the fluid stopped draining, Peter would be able to come home. Sadly, I recall Peter saying

that he was never coming home again, but I put this down to the fact that he was a pessimistic person. However, Peter was right and there was a constant drain of fluid from his stomach.

32. Peter was moved from the GP referral ward to the gastroenterology ward and he gradually went downhill from there. I only ever saw him sat in the armchair next to his bed once. The rest of the time he was bed-ridden. He spent the next 5 weeks in hospital and I was told he had a clot in the portal vein.

33. I think Peter had an MRI scan during his time spent in hospital, but he did not know what it was. I remember him saying about a tunnel and from that I worked out what it was.

34. When Peter was first admitted to hospital, the consultant asked him where he was and gave him three options – a hospital, airport or hotel. Peter took time to sit and think about it and then replied 'the airport of course'. He thought that the consultant was stupid for even asking him. Additionally, Peter could never remember our home address when asked by the medical professionals. He asked me to write it down for him so that when asked, he would show them the piece of paper.

35. During the 5 weeks he was in hospital, Peter only had a shower once. This was after an accident and the nurses washed him in the middle of the night. They did not clean his teeth and it was left to me to shave him and to encourage him to eat. No medical professional ever helped him to eat and if he left anything on the tray it would just be taken away. I used to look at his medical notes at the bottom of the bed and it would state how much he had eaten, which was very little. Peter slept most of the time.

36. Not long before Peter went into hospital, I noticed that he was struggling to eat. He seemed to have difficulty swallowing. I kept cooking his favourite meals, but he was finding it more difficult to consume them. After he was admitted to hospital, I was told that he had varices in his oesophagus and this explained why he was struggling to eat.

37. The hospital staff never administered Peter's eyedrops or the prescribed cream for his legs to prevent DVT. I would sort out both when I went to visit him of an

evening. I remember on one occasion his calf was bright red and when I applied the cream he screamed in pain. I went to find a nurse and she was not very nice – she said Peter's IRN was fine when he was admitted into hospital, but failed to acknowledge that he had been in bed for 5 weeks and never wore bed socks!

38. Peter was supposed to have an ultrasound on his legs the following day, but there was a delay and my daughter and I were told that it was too late to take him down as the radiology department was closing. Claire wrote a letter of complaint about this.

39. I was asked to attend a meeting with the consultant, ward manager and a staff nurse, but I had no idea what was being discussed. During the meeting, they told me that Peter's ill health was terminal and his other organs would begin to shut down. They went on to explain that there was a clot in the portal vein, which led to the liver and this was causing the swelling. After the meeting, I asked if I could stay in the room to compose myself, as I did not want Peter to see me crying. It was a shock to me, as although I knew he was very ill there was nothing to suggest, and nothing had been mentioned until that meeting, that it was an end of life situation.

40. Peter remained on the gastroenterology ward up until 2 days before he passed away. At this point, his breathing had become rather rattily and one of the night nurses found him a single room – it was though she was signalling that this was the end. A lot of medical professionals were around his bed and I remember Peter looking very scared.

41. After he was moved, a junior doctor, Dr GRO-D asked me about a DNR order, to which I agreed. I felt that Peter had suffered enough and I said that I did not want him to be put through the stress of resuscitation, unless they thought he would recover and have a good life again. I was willing to look after him and had bought our new home to accommodate his needs, but in the end, this was not possible. I know that Paul was very upset over this because he was in the room with me when it was discussed.

42. The first night Peter was moved into his own room, I laid alongside him, but the following night I felt as though I needed a proper sleep so went into an adjacent room to sleep on the sofa. This was the room where I had met with the consultant and ward manager after I complained about Peter's treatment and when I was told there was no hope of recovery. I managed to get to sleep and, in the morning, I had just gone into the shower room when there was a knock on the door. I was told Peter had gone into a coma and it was not going to be long.

43. I sat with Peter and held his hand whilst speaking to him. I phoned Claire, who arrived at the hospital just in time. Both our children were there when Peter passed away and I recall Paul shouting that he was the best Dad ever. I think he must have had a bleed of some sort because there was blood around his teeth, but he passed away peacefully and I know that he waited until the children had arrived.

44. The doctor arrived to confirm the death. He went in without any gloves on, despite being fully aware of Peter's HCV infection as he referred Peter to hospital for his stomach to be drained.

45. Claire and I registered Peter's death, but there was a slight delay in producing the certificate. I exhibit this as **WITN5674002.**

46. Peter had three sisters, twins Irene and Sheila and Mary, who was the youngest. They wanted to view his body but we were told that they could not carry out the usual procedures because of the HCV infection and it was therefore not possible for anyone to view the body. Peter was a lovely man but he was treated like a pariah in the end. At the funeral, when his coffin came by, I touched it because I wanted him to know that I did not think of him like that – he was someone that I loved and could never replace.

47. After the HCV diagnosis, Peter was scared of passing on the infection and so our sexual relations ceased.

48. I knew Peter from 1963 and up until his death he never went to the dentist. He therefore never experienced any difference in treatment as a result of his HCV infection.

49. Peter was very short sighted and always wore glasses. He had cataract surgery and went to the hospital for a post-operative test, but we were never informed of the result because it was not long before he was hospitalised as a result of his liver damage.

50. After Peter's terminal diagnosis, I did not cope very well. I went to see my GP and he prescribed 30mg of Paroxetine – an antidepressant. It was a very high dose. After I moved and registered at a doctor's surgery in Chester, I explained what had happened and asked the doctor if she could lower the dosage to 20mg.

51. When I took Peter's clothing to the funeral directors, I said I was his wife – at this moment it struck me that I was not a wife anymore and I was now a widow. All of a sudden you are not a member of a team, you are on your own and do not have that person by your side – I had to learn how to be single again, in a completely different area to where I lived before. I have never wanted to get married again – Peter was my one and only.

52. Peter died on the morning that we were moving house. All my plans for a new life in Chester with our son and close to my daughter and her family disappeared. Peter loved walking and I had planned a life of country walks, playing with our grandchildren, GRO-C and joining a new church. GRO-C loves football and Peter would have watched his matches and played with him in the park. GRO-C takes part in school productions and plays the trumpet in the school band and he would have been so proud to see her perform. They are both such lovely grandchildren and I am very blessed to have such loving and caring children, but Peter completed the picture and much to my sorrow he is no longer here.

53. When I first moved to Chester, Claire's husband often worked away so she was not always about to support me.

54. Peter and I attended church together, went shopping together and would visit local garden centres. We would often shop at Merry Hill in Dudley – Peter would have

a full English breakfast in Debenhams and we would go shopping afterwards. I still like to go shopping now, but it is not the same.

55. Since moving to Chester, I have joined the U3A as my GRO-C are members and I have found a local church. I attend a coffee morning with some U3A members but they are all couples and this can compound the sense of loss. There have been times during church services when I sort of see Peter at the side in his camel coat – it is not a vision, but purely in my head because I miss him terribly.

56. Peter was a big Elvis fan and on one of our holidays to America, for his 70th birthday, we visited Graceland and Nashville. We loved our holidays together and I also enjoyed cruising, but I no longer have anyone to go with. The same with eating out - my son is not keen on going out for dinner and Claire is busy with her own family commitments, so I do not always have someone to go out with.

57. Peter's sisters and some of our family friends come up to Chester to visit me in the summer and we have time out together. In fact, I probably end up seeing them more often than I did before moving.

58. Other than the immediate family, no one else knew about Peter's HCV infection and I did not want to broadcast what had happened because of the stigma associated with the virus. Even now I tell friends that Peter had vascular dementia. There is still so much ignorance about the condition.

59. It is hard to determine the full impact of Peter's HCV infection on Paul because he does not like to speak about his father's ill health and passing. GRO-C

GRO-C

60. In 2012 Paul took voluntary redundancy and it was his idea for us to move closer to Claire. One evening when Peter was ill, he told Paul to look after me and I think that may be a reason why he is still living with me. When Paul returned home from University, GRO-C Peter and I became his safety blanket. He has a little 'flat' upstairs, but we do sit together sometimes.

61. As a family we still do things on the anniversary of Peter's birthday and on the first anniversary we all went to the zoo. Even Paul joined in with this. I try to mention Peter in other ways because I want him to be remembered and to speak about years gone by.

62. I dropped down to 3 days at work when Peter became ill. I was 66 at the time and well enough to carry on, but I needed to be at home to provide care. I had to shower Peter and would prepare all of his food. My role at work had become more clerically based and there was an increased use of technology, but this was not a problem because I was provided with training at the local college.

63. We did suffer financially from when I cut down on my working days to care for Peter and if he was still here today I would be better off financially. His private pension was halved after he died. I always paid my national insurance stamp and receive the extra payment on top of my state pension because I am widowed (although this part does not increase annually). If Paul did not live with me and contribute housekeeping money, it would be a struggle to get by.

## Section 6. Treatment/Care/Support

64. Peter, I and our children were never offered any counselling or psychological support as a result of his HCV infection.

65. I was offered no support after being told that Peter's condition was terminal and I was left in the room on my own. My daughter and I did complain about this, but at the time we were devastated and could not think straight. We never received a response or written apology.

66. The majority of the health professionals at the hospital did not care about Peter and wrote him off. They decided that he was not going to get better from an early stage and because of the HCV, I believe he was categorised as not worth saving. I found it hard to get any information from the hospital as there would always be a change of staff or the consultant would not be available, so I had to find things out myself. I only ever saw the consultant once.

67. I feel that I should have nursed Peter myself, or stayed at the hospital permanently to ensure that he got up in the morning, had a shower, ate regularly and cleaned his teeth. The lack of daily basic care and affection certainly sped up Peter's demise and in his last couple of weeks it was too much to see him in that state.

68. It was planned that Peter would be moved to Chester Hospital, but the date on the board kept changing and, in the end, he would not have survived the journey. On reflection, knowing how he was treated I wish I discharged him and drove him to Chester myself.

## Section 7. Financial Assistance

69. We found out about the Skipton Fund as a result of Claire's brother in law, who is a GP in Cambridge, Dr Tom Wrigley. No medical professional ever mentioned it to us before.

70. I cannot remember filling out the application forms, but I made the initial application in March 2013. This was rejected in July 2013 on the basis that there was insufficient evidence to prove that Peter received a blood transfusion. I appealed the decision, but this was also rejected in October 2013 because they did not think blood in the 1950s would be subject to contamination.

71. One of the health visitors that I worked with told me that when the army returned from WW2 they were often asked to donate blood and contaminants were present as a result of sexual relations the soldiers had whilst away. I also read that from 1945 a lot of baby boomers could have been infected. I am certain that he received contaminated blood as there were no other risk factors to account for his infection.

72. It was quite a process to provide medical evidence. I rang our doctors' surgery because I presumed they would have kept Peter's records, but I was told that after he passed away they would have gone back to the health authority. There were no documents from when Peter had the tonsillectomy.

## Section 8. Other Issues

73. The hospital treatment Peter received has affected my trust in the NHS. I know that they have done a sterling job throughout the pandemic but I was not impressed with the ward care and treatment nor he lack of empathy shown towards my husband – and myself and family - near the end.

74. I am not confident that a university degree provides the nurses today with compassion for their patients – it is much more a career now and to my mind there is less emphasis on caring.

### Statement of Truth

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

Signed GRO-C

Dated 26. 8. 21