Witness Name: Dr Christopher Bateman
Statement No.: WITN5355001
Exhibits: None
Dated: 24 March 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR CHRISTOPHER BATEMAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 23 February 2021

I, Christopher Bateman, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and professional qualifications.**

   Christopher John Turner Bateman

   DOB GRO-C 1937

   GRO-C
   GRO-C
   GRO-C

   MA, BM, BCh, 1962
   MRC Path 1973

2. **Please set out your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates.**

Consultant Haematologist, Chichester and Worthing Health Authorities 1973-1994
Consultant Haematologist King Edward 7th Hospital, Midhurst 1978-1996

3. **Please set out your membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.**

Member British Society of Haematology 1970-1996
Member Royal College of Pathologists 1973-Current
Member SW Thames Regional Haematologists 1973 -1994 (Chairman for 5 years).

4. **Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations, criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.**

None

Section 2: Decisions and actions of the Centre and your decisions and actions

5. **In relation to your work at Chichester please:**

   a. **describe your role and responsibilities and how they changed over time;**

   b. **describe your work insofar as it involved the care of patients with bleeding disorders and/or patients infected with hepatitis and/or HIV in consequence of blood or blood products;**

The number of patients with coagulation disorders was so small that I never considered Chichester to be a Haemophilia centre – rather a local treatment facility. During the time relevant to this inquiry I was single handed but worked

closely with my colleague in Worthing. My main interest was in malignant blood disorders and I had no particular specialist training in disorders of blood coagulation. I played no part in the management of patients with hepatitis or AIDS.

6. **Approximately how many patients with bleeding disorders were under the care of the Centre when you first started working there and over the years that followed? Approximately what proportion have been adults and what proportion have been children? If you are able to give exact rather than approximate figures, please do so.**
   As far as I can remember the number of patients with coagulation disorders was between 5 and 10 – about two thirds were children.

7. **To the best of your knowledge, what decisions and actions were taken, and what policies were formulated by the Centre, regarding the selection, purchase and use of blood products (in particular factor concentrates)? In addressing this issue, please answer the following questions:**

   a. **How, and on what basis, were decisions made about the selection and purchase of blood products?**

   b. **What were the reasons or considerations that led to the choice of one product over another?**

   c. **What role did commercial and/or financial considerations play?**

   d. **What if any involvement did you have in these decisions?**

   We never purchased blood products. They were supplied by NBTS Tooting.

8. **What products (NHS or commercial, and if commercial, which ones) were used during your time at the Centre for treating patients at the Centre, over what period of time and for which categories of patients?**
   I have no data.

9. **What was the relationship between the Centre, and the pharmaceutical companies manufacturing/supplying blood products? What influence did that relationship have on the decisions and actions referred to above.**
I had no contact with any pharmaceutical companies.

10. **How were decisions taken as to which products to use for individual patients? What involvement did you have in such decisions? To what extent, if at all, were patients offered a choice as to which products to use?**
Our supplies were always constrained and patients got the most appropriate product we had available or could get hold of at very short notice.

11. **What alternative treatments to factor concentrates were available in the 1970s and 1980s for people with bleeding disorders? What were, in your view, the advantages and disadvantages of those alternative treatments? What use was made of them at the Centre? Do you consider that they should have been used in preference to factor concentrates so as to reduce the risk of infection? If not, why not?**
I am afraid I don't know to what treatments you are referring.

12. **What was the policy and approach at the Centre as regards the use of cryoprecipitate for the treatment of patients with bleeding disorders? Did that policy and approach change over time and if so how?**
Our use of products was dictated by availability. As far as I remember we only had cryoprecipitate available in the early 70's and then gradually changed to concentrates as and when they became available.

13. **What was the policy and approach at the Centre in relation to home treatment? Did the policy and approach change over time and if so how?**
I have no recollection of this.

14. **What was the policy and approach at the Centre in relation to prophylactic treatment? Did the policy and approach change over time and if so how?**

I have no recollection of this.

15. **To what extent, and why, were people with mild or moderate bleeding disorders treated with factor concentrates?**
Very rarely and only if they were having life threatening problems.

Section 3: Knowledge of, and response to, risk

General

16. **When you began work as a Consultant Haematologist at the Centre what did you know and understand about the risks of infection (in particular, hepatitis) associated with blood and/or blood products? What were the sources of your knowledge? How did your knowledge and understanding develop over time? You may find The minutes of the UKHCDO meeting to which you sent apologies, on 20 - 21 November 1979 [CBLA0001028] and the report of the Hepatitis Working Party [HCDO0000135_023] presented by Dr Craske at that meeting, of assistance in answering this question.**
When I started blood and blood products were considered extremely safe. By the late 70's nonA/nonB hepatitis was becoming recognized as a major problem in multiply transfused patients.

17. **What advisory and decision-making structures were in place, or were put in place at the Centre, to consider and assess the risks of infection associated with the use of blood and/or blood products?**
I have no recollection of this.

18. **What was your understanding of the relative risks of infection from (i) the use of commercially supplied blood products, and (ii) the use of NHS blood products?**
NHS products were considered safer.

19. **What was your understanding of the nature and severity of the different forms of blood borne viral hepatitis and how did that understanding develop over time?**
We learnt about hepatitis A and B during training – nonA/nonB was the new threat and we learnt about it quickly once it was recognised as an entity

20. **What, if any, actions did you, or the Centres at which you worked, take to reduce the risk to patients of being infected with hepatitis (of any kind)?**
The same precautions as any sensible and conscientious doctor would to deal with an infectious disease.

HIV and AIDS

21. **What was your knowledge and understanding of HIV (HTLV-III) and AIDS and in particular of the risks of transmission from blood and blood products, during your time working at the Centre? How did your knowledge and understanding develop over time?**
We first learnt about AIDS in 1982 and the knowledge of the blood product infectivity followed within a year.

22. **How and when did you first become aware that there might be an association between AIDS and the use of blood products? You may also find the memorandum from UKHCDO in relation to trials of hepatitis reduced factor VIII [CBLA0001831] of assistance.**
1982

23. **What, if any, actions were taken at the Centre to reduce the risk to patients of being infected with HIV?**
We never knowingly used infected blood products.

24. **Did you or your colleagues at the Centre continue to use factor concentrates to treat patients, after becoming aware of the possible risks of infection of HIV? If so, why?**
Not to my knowledge.

25. **At a meeting of the UKHCDO dated 13 September 1982 [CBLA0001619], Dr Craske stated that there was a remote possibility that commercial blood products had been involved in cases of HTLV-III in the United States, including three cases in haemophiliacs. Dr Craske instructed Haemophilia Centre Directors to report any cases in their patients.**

    a. **You did not attend this meeting, however, did you ever make such a report to Dr Craske?**
    I have no recollection of doing so.

    b. **As far as you are able to recall, how soon after this meeting did you become aware that HTLV-III could be transmitted by blood and/or blood products, and that this had occurred in the UK? If you are able to give precise dates, please do so.**
    See above.

Response to risk

26. **Did you or your colleagues at the Centre take steps to ensure that patients were informed and educated about the risks of hepatitis and HIV? If so, what steps?**
    We would have had discussions with patients whenever necessary or appropriate.

27. **Please consider the enclosed letter from Professor Bloom and Dr Rizza to the UKHCDO dated 24 June 1983 [HCDO0000270_004]. What steps, if any, were taken by you/the Centre to comply with the treatment policy recommended by this letter? If applicable, please describe how this treatment policy differed from the approach that had previously been in place at the Hospital as regards the use of cryoprecipitate, commercial products, and alternative treatments.**
    Implemented. No significant difference to policy already in place.

28. **At the 14th meeting of Haemophilia Centre Directors on 17 October 1983, there was a discussion of whether to revert to the use of cryoprecipitate [PRSE0004440]. Dr Chisholm raised the problem of patients refusing to take commercial Factor VIII concentrate because of the AIDS scare, queried whether directors should revert to using cryoprecipitate for home therapy, and referred to problems in her region getting large amounts of commercial concentrates, whereas she could get unlimited amounts of cryoprecipitate. Other directors reported the same problem.**

    a. **Did patients raise with you concerns about factor concentrates, because of the AIDS scare? If so, when and what was your response?**
    I have no recollection of this.

    b. **Did you (like Dr Chisholm and other unnamed directors) have regional problems in getting sufficient amounts of commercial concentrates? If so, please describe them.**
    See previous.

    c. **Were you (like Dr Chisholm and other unnamed directors) able to get unlimited amounts of cryoprecipitate?**
    No.

    d. **The decision recorded in the minutes of the meeting was that patients should not be encouraged to go over to cryoprecipitate for home therapy but should continue to receive NHS or commercial concentrates. Did you agree or disagree with this decision?**
    No patients on home therapy as far as I remember.

29. **Please refer to the written statement of Patricia Armstrong [WITN1077001]. It is stated in paragraph 8 *"Dr Bateman warned us that the boys should not have American Factor VIII because it had come from "dodgy prisoners."...He told us that he would send British heat treated Factor VIII to Treloars for the boys to be treated with"* and in paragraph**

10, *"I believe Dr Bateman saved our boys' lives because he tried to keep the boys on cryoprecipitate until UK Factor VIII was available. He was aware there was a UK shortage of factor VIII."* You may also wish to refer to the statements of Anthony Armstrong [WITN1623001], Neil Armstrong [WITN1078001] and Timothy Armstrong [WITN1079001]. In the following questions, please do not provide any patient-specific information; the questions are concerned with your practice and decision-making generally.

a. **In relation to how many patients did you revert to treating with cryoprecipitate due to the risk of infection? When did you start to do this?**

b. **How was it determined which patients would be offered a return to cryoprecipitate and which would not? If not, why were some patients not offered a return to cryoprecipitate?**

c. **The minutes listed in question 28 state the policy in 1983 was not to encourage patients to revert to cryoprecipitate, and Neil and Timothy Armstrong began attending Treloars in 1986 and 1989, respectively. For how long did you continue to advise patients to use cryoprecipitate? Were you able to keep patients on cryoprecipitate and avoid the use of commercial products altogether? Did you continue to use cryoprecipitate after heat-treated products were available? If so, why?**

No recollection for a,b,c.

d. **Did you face criticism from other clinicians or the UKHCDO for your decision to retain patients on cryoprecipitate when it was advised to use commercial concentrates?**
   No.

30. **At the 16th meeting of Haemophilia Centre Directors on 21 October 1985, it was recorded that most Centres were using heat-treated materials [PRSE0001638, page 6]. When did the Centre begin to use heat-treated factor products and for which categories of patients? Did you experience difficulties in obtaining such products? You may wish to consider:**[1]

    a. **The letter from Dr T. J. Snape to all Haemophilia Centres dated 24 January 1985 [CBLA0001998]**

    b. **The letter from yourself to Dr T Snape dated 18 February 1985 [BPLL0010628, page 2]**

    No recollection and no access to records

31. **In the above letter from yourself to Dr Snape dated 18 February 1985 [BPLL0010628, page 2], you applied for heat-treated Factor VIII for three patients.**[2] **Please explain the process for obtaining heat-treated product from BPL, what you can recall about BPL's protocol for the product, and how you decided which patients you would request heat-treated product for?**

    No recollection of this process.

32. **Do you consider that heat-treated products should have been made available earlier? If not, why not?**

    I thought they were made available as soon as practicable.

33. **Looking back now, what decisions or actions by you and/or by the Centre could and/or should have avoided, or brought to an end earlier, the use of infected blood products?**

    No recollection

Section 4: Treatment of patients at the Centre

[1] The patients' names have been redacted but are not necessary to answer the question.
[2] The patients' names have been redacted but are not necessary to answer the question.

Provision of information to patients

34. **What information did you provide or cause to be provided to patients at the Centre about:**

    a. **the risks of infection in consequence of treatment with blood products (in particular, factor concentrates) prior to such treatment commencing?**

    b. **alternatives to factor concentrates?**

    No recollection

Please describe whether, and if so, how this changed over time?

HIV

35. **When did you first discuss AIDS or HIV (HTLV-III) with any of your patients?**
    No recollection.

36. **How many patients at the Centre were infected with HIV? Please describe how and when you learned that patients under the care of the Centre had been infected with HIV.**
    I can only remember one.

37. **What if any arrangements were made at the Centre for pre-test counselling and for post-test counselling?**
    No recollection.

38. **How and when and by whom were patients told that they had been, or might have been, infected with HIV? What if any involvement did you have in this process?**

No recollection.

39. **What information was given to them about the significance of a positive diagnosis? Were patients told to keep their infection a secret?**
No recollection.

40. **Was work undertaken at the Centre to establish the time period during which patients seroconverted? If so, please describe what work was done and what if any conclusions were reached.**
No.

41. **Please refer to the letter from yourself to Dr K. Rogers dated 1 October 1987 regarding a patient who tested positive for HIV [BPLL0006025, page 4]. The letters included in this document relate to the tracing of the source of her infection. Please describe, generally[3]:**

    a. **What procedure was in place, and who were you to inform, when a patient tested positive for HIV or hepatitis C?**
    Inform source of product use.

    b. **What steps would have been taken to investigate the source of infections, and what was the standard process for tracing recipients of infected blood at the Centre?**
    This would have been NHBT's responsibility.

    c. **Do you believe that the investigations which were carried out were sufficient, if not why not?**
    Yes.

    d. **Was counselling offered to such patients by the Centre. If not why not?**
    Not by me or our centre, as the patient was no longer under our care.

[3] The patients' names have been redacted but are not necessary to answer the question.

NANB Hepatitis/Hepatitis C

42. **How many patients at the Centre were infected with hepatitis C?**
No recollection.

43. **Were patients infected with NANB hepatitis informed of their infection and if so, how and by whom? What information was provided to patients infected with NANB hepatitis about the infection, its significance, prognosis, treatment options and management? What if any involvement did you have in this process?**
No recollection.

44. **When did the Centre begin testing patients for hepatitis C? Please describe the Hospital's process for HCV testing, including pre-test and post-test counselling. What involvement did you have in this process?**
We did not do the tests as far as I remember.

45. **When a test for HCV became available, what if any steps were taken by the Centre to ensure that all patients who had received blood or blood products were traced and invited to be tested?**
No recollection.

Delay/public health/other information

46. **Were the results of testing for HIV and hepatitis (of all kinds) notified to patients promptly, or were there delays in informing patients of their diagnosis? If there were delays in informing patients, explain why.**
No recollection.

Consent

47. **How often were blood samples taken from patients attending the Centre and for what purposes? What information was given to patients about the**

purposes for which blood samples were taken? Were patients asked to consent to the storage and use of the samples? Was their consent recorded and if so how and where?

We were always very careful about getting consent

48. **Were patients under your care treated with factor concentrates or other blood products without their express and informed consent? If so, how and why did this occur? What was your approach to obtaining consent to treatment? Was their consent recorded and if so how and where?**

We were always very careful about getting consent

49. **Were patients under your care tested for HIV or hepatitis or for any other purpose without their express and informed consent? If so, how and why did this occur? What was your approach to obtaining consent for testing? Was their consent recorded and if so how and where?**

We were always very careful about getting consent

Treloar's

50. **Please describe your involvement with Lord Mayor Treloar College ("Treloar's") and/or with the care and treatment of boys attending Treloar's.**

I first went to Lord Mayor Treloar as a schoolboy to help clear the grounds of war time uninhibited undergrowth! I provided care for the boarders who live locally during school holidays.

51. **The Inquiry is aware that some children with bleeding disorders were referred to Treloar's by clinicians:**

    a. **How many patients did you recommend and/or refer to Treloar's and over what period of time?**

    Two.

    b. **What prompted the recommendation or referral?**

The GRO-A parents found it very difficult to cope GRO-A with severe haemophilia and the family circumstances were, in my view having a bad effect on the 2 boys.

c. **What involvement did you have in the arrangements for them to attend Treloar's?**
None apart from the referral.

d. **What involvement did you have in the ongoing care and treatment of boys attending Treloar's?**
Provided care during the school holidays.

52. **Please refer to your letter to P. J. Kirk, dated 3 September 1975 [TREL0000250_016], and answer the following:**

a. **Please describe what your involvement in this research was. Did it go beyond the items in the letter? Was the patient informed that they were participating in a study?**

b. **Please describe any other research and/or trials and/or experimental treatment, that you are aware of involving pupils at Treloar's.**

c. **What involvement did you have in these studies, please describe your role and how you contributed support.**

I have no recollection of this at all. The date is long before I remember having any contact with Lord Mayor Treloars.

53. **Please describe how the care of patients was shared between Treloar's and Chichester Haemophilia Centre.**
See above.

PUPS

54. **Please detail all decisions and actions taken by you or with your involvement with regard to a category of people referred to as 'previously untreated patients' (PUPS).**

This is the first I have ever heard of this acronym.

Treatment of patients who had been infected with HIV and/or Hepatitis

55. **How was the care and treatment of patients with HIV/AIDS managed at the Centre? In particular:**

    a. **What steps were taken to arrange for, or refer patients for, specialist care?**

    b. **What treatment options were offered over the years to those infected with HIV?**

    c. **What information was provided to patients about the risks and benefits of specific treatments and about side effects?**

    d. **What follow-up and/or ongoing monitoring was arranged in respect of patients who were infected with HIV?**

The haematologists played no part in the clinical care of these patients

56. **How was the care and treatment of patients with NANB hepatitis managed at the Centre? In particular:**

    a. **What steps were taken to arrange for, or refer patients for, specialist care?**

    b. **What treatment options were offered over the years?**

c. **What information was provided to patients about the risks and benefits of specific treatments and about side effects?**

d. **What follow-up and/or ongoing monitoring was arranged in respect of patients who were infected with NANB hepatitis?**

The haematologists played no part in the clinical care of these patients

57. **What arrangements were made for the care and treatment of children infected with HIV or hepatitis? How did those arrangements differ (if at all) from the arrangements made for adults?**
I cannot remember that we had any.

58. **What if any involvement did you and/or colleagues at the Centre have with any clinical trials in relation to treatments for HIV and Hepatitis C? Please provide details.**
No recollection.

59. **What, if any, arrangements were made to provide patients infected through blood products with counselling, psychological support, social work support and/or other support?**
No recollection.

60. **Did the centres at which you worked receive funding from the Department of Health and Social Security or from any other source to help with the counselling of patients infected with HIV?**
No recollection.

61. **What (if any) difficulties did you encounter in obtaining sufficient funding for the treatment of people who had been infected with HIV and/or hepatitis C?**
No recollection.

Records

62. **What was the policy at the Centre as regards recording information on death certificates when a patient had been infected with HIV or hepatitis?**
Never had any involvement

63. **What were the retention policies of the Centre in relation to medical records during the time you were practising there?**
Standard NHS rules, as far as I am aware

Research

64. **Please list any research studies that you were involved with during your time at the Centre that could be relevant to the Inquiry's Terms of Reference and provide a brief summary of the purpose of the research and your involvement.**
None that I recollect

65. **The Inquiry understands that you may have contributed to or provided data for the following:**

    a. **A presentation to be given at the International Workshop on the Present and Future of Haemophilia Care in 1988: "Coagulation factors made by Blood Products Laboratory for England and Wales" [CBLA0002410]**

    b. **An article published in 1988: "Effect of dry-heating of coagulation factor concentrates at 80c for 72 hours on transmission of non-A, non-B hepatitis" [PRSE0000044]**

    c. **An article published in 2001: "Treatment of haemophilia in the United Kingdom 1981-1996" [HSOC0023510]**

Please set out what if any involvement you had in them.

I had so little to do with this paper (65 a) that I was not aware it existed. I think I must have been on it because we supplied details of one or more patients who had had the relevant blood product.

66. **Were patients involved in research studies without their express consent? If so, how and why did this occur?**
I never involved patients in research studies without their consent.

67. **Was patient data (anonymised, de-identified or otherwise) used for the purpose of research or shared with third parties without their express consent? If so, what data was used and how and why did this occur?**
I never involved patients in research studies without their consent.

Section 5: Self-sufficiency

68. **In December 1974 the Department of Health announced additional funding with the primary aim of making the NHS self-sufficient in Factor VIII blood products within two to three years. If you are able to respond, from your own knowledge, to the questions in this section please do so; if you are not, please say so.**

    a. **When did you become aware of this announcement?**

    b. **What did you understand the term "self-sufficiency" to mean? In particular, did you understand it to mean self-sufficiency in providing Factor VIII blood products prophylactically, or solely in response to bleeding incidents?**

    c. **Did your understanding of what "self-sufficiency" meant change at any time? If so, when and why? What was your understanding of how others defined "self-sufficiency"?**

    d. **What if any role did you play, at any time, in any arrangements or initiatives designed to help achieve self-sufficiency?**

No recollection of this matter

69. **How were estimates made of how much Factor VIII blood product would be required for use in England and Wales? In particular:**

    a. **What was the role of the director of the Centre in making such estimates, and how did this change over time? What was the role of UKHCDO and how did this change over time?**

    b. **What assumptions would underpin the estimates (including assumptions as to how the blood products would be used)?**

    c. **How would the estimate be made (e.g. by whom were they made, when and through what process)?**

    d. **How were the estimates shared with other interested parties?**

    e. **How did any of these processes change over time?**

As above

70. **How were annual figures derived for how much Factor VIII blood product had been used over the course of a year?**

    a. **What was the role of the director of the Centre in providing such figures, and how did this change over time? What was the role of UKHCDO and how did this change over time?**

    b. **How would the calculations be made (e.g. by whom were they made, when, through what process and using what data)?**

    c. **How were those figures broken down geographically (e.g. by country, region or any other unit)?**

d. **How were the figures shared with other interested parties?**

e. **How did any of these processes change over time?**

As above

71. **Were there significant differences between the estimates that were made and actual use? If so, why?**
As above

72. **To what extent, if at all, did England and Wales (in your view) achieve self-sufficiency of Factor VIII blood products? Why (if this is your view) was self-sufficiency not achieved? Do you consider that more could have been done to achieve self-sufficiency and if so what?**
I don't think they ever achieved self sufficiency. I am not in a position to comment or speculate further.

73. **If self-sufficiency had been achieved in Factor VIII products, what, in your view, would have been the effect on the numbers of patients infected with (i) HBV, (ii) HCV, and (iii) HIV. Please comment on when self-sufficiency would have needed to be achieved (in your view) in order for any material difference to have been made in respect of each of these viruses.**
I think there would have been less infections but a significant number would have still occurred. I do not have the detailed knowledge required to speculate on the dates you request.

74. **To the best of your knowledge, did England and Wales achieve self-sufficiency in respect of Factor IX blood products?**
Don't know.

Section 6: UKHCDO

75. **Please describe your involvement with UKHCDO (including any of its working parties, committees or groups).**
A totally inactive member

76. **The Inquiry is aware you were a member of the 'Study Group on Surveillance of Virus Transmission by Concentrate.' Please describe this group, its terms of reference, and the dates of your involvement.**
No recollection of any detail (see above)

Section 7: Pharmaceutical companies/medical research/clinical trials

77. **Please describe the nature of your involvement with any pharmaceutical company involved in the manufacture and/or sale of blood products. Examples of such involvement may include:**

    a. **Providing advisory or consultancy services;**

    b. **Occupying a position on any advisory panel, board, committee or similar body;**

    c. **Receiving funding to prescribe, supply, administer, recommend, buy or sell a particular product;**
    d. **Undertaking medical research for or on a company's behalf; or**

    e. **Providing results from medical research studies to a company.**

    If you were involved in any of the arrangements described above, please provide details of your involvement and any incentives, financial or otherwise, you received.
    No involvement at all.

Section 8: vCJD

78. **When and in what circumstances did you become aware of the risks of transmission of vCJD associated with the use of blood and blood products? How did your knowledge develop over time?**

No recollection

79. **Did you have any involvement in decisions as to what information to provide to patients about vCJD? If so please answer the following questions:**

    a. **What processes were put in place at the Centre for informing patients about possible exposure to vCJD?**

    b. **What information was provided to patients about possible exposure to vCJD and the risks of vCJD?**

    c. **What steps were taken to arrange for counselling, support and/or advice to be offered to patients who were being informed that they might have been exposed to vCJD?**

No

Section 9: The financial support schemes

80. **Please describe as fully as you can any involvement you have had in relation to any of the trusts or funds (the MacFarlane Trust, the Eileen Trust, the MacFarlane and Eileen Trust, the Caxton Foundation, the Skipton Fund) which were set up to provide financial assistance to people who had been infected. Relevant involvement may include:**

    a. **Occupying a formal position with any of the trusts or funds;**

    b. **Providing any advice to any of the trusts or funds, including for the development of any eligibility criteria or policies;**

c. **Informing patients about or referring patients to the different trusts or funds;**

d. **Determining or completing any part of applications made by patients.**

None

Section 10: Other Issues

81. **Please provide details of any complaints made about you (insofar as relevant to the Inquiry's Terms of Reference) to your employer, to the General Medical Council, to the Health Service Ombudsman or to any other body or organisation which has a responsibility to investigate complaints.**
None.

82. **Please explain, in as much detail as you are able to, any other matters that you believe may be of relevance to the Infected Blood Inquiry, having regard to its Terms of Reference and to the current List of Issues.**
No further comments.

Statement of Truth

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

Signed GRO-C

Dated 24th March 2021