

# ANONYMOUS

Witness Name: **GRO-B**

Statement No.: WITN2159008

Exhibits: None

Dated: 18 August 2023

## INFECTED BLOOD INQUIRY

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SECOND WRITTEN STATEMENT OF **GRO-B**

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I provide this supplementary statement following my first written statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5th November 2018 to provide further information which may be relevant to the Inquiry.

I, **GRO-B**, will say as follows:-

1. Since providing my first statement I have been provided with the response of Tracey Gillies (WITN6932060) to my statement and I wish to make further comment in light of this.
2. Ms Gillies response in her written statement is made on behalf of NHS Lothian and Professor Christopher Ludlum as the most appropriate people to consider and respond to the criticisms made by me.
3. In paragraph 5 Professor Ludlum alleges that I had not given permission for him to view my whole medical records and those

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he viewed are incomplete. I am concerned by this as I have also received a copy of the medical records and they may also be incomplete but I would have no way of knowing this, and wonder for what reason Professor Ludlum thinks the records he received were incomplete. I did not deny Professor Ludlum access to a full copy of my medical records. It would be helpful to know what information is missing.

4. In Paragraph 7 Professor Ludlum mentions that I requested in 1989 not to be tested any further for HIV. I can clearly recall being asked for consent to be tested for the HIV antigen at a regular routine appointment and giving this consent. Thereafter I asked not to be tested anymore because of the implications that being tested had for insurances and mortgage purposes etc. This should be documented in my medical records. I was aware of the Hepatitis B testing as having started SRN training in 1988 I was having immunisations for protection from Hepatitis B. I was not informed of regular testing for Hepatitis C.
5. In relation to Professor Ludlum's comments of when I learned of my diagnosis of Hepatitis C in Paragraph 8 while routine bloods were taken at each hospital visit, and I have stated about HIV test above, I was not told about or gave consent for a Hepatitis C test (or Non A Non B). However, I was apparently tested on the 19/6/92 with results available on 26/6/92. I was not informed of the results until 24/6/93. My medical records clearly have the discussion documented about the HIV consent being asked and my asking not to be tested anymore. There is no documentation of any discussion for consent for the Hepatitis C test. My recollections of the HIV test is very clear as is the Hepatitis B testing and immunisations. Being a trained nurse, if I had been asked about a test for a disease with the implications that Hepatitis C has it would similarly be very clear in my mind that this

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had happened. Blood results were shared with me except for this vitally important one, despite numerous opportunities. As detailed in paragraphs 8,9,10,11,12 and 13 of Ms Gillies response, it was not mentioned for a year.

6. At Paragraph 13 Professor Ludlum refers to my attendance in December 1992 for an issue unrelated to my condition. At this appointment there was a discussion about Hepatitis A testing and treatment. The positive test result from the June of 1992, despite being in my notes, was not discussed at this time for the Hepatitis C.
7. At Paragraph 14 Professor Ludlum refers to a routine appointment I attended with Dr Dennis when she advised me of the Hepatitis C Test and informed me I had been tested in for Hepatitis C 12 months earlier and that the test was positive. This was the first mention of being tested and being advised of the results. This was 6 weeks before my wedding. It is clearly documented in her response that I had not been informed of being tested for Hepatitis C and that I didn't receive the results for a year. Dr Dennis was very compassionate and supportive at this appointment.
8. With reference to paragraphs 19 and 20 of the response from Ms Gillies, the treatment of the Hepatitis C infection by the use of Interferron was for a prescribed period of 6 months. The statement in paragraph 20 may give the impression that I had discontinued treatment myself but it was discussed at the 6 month review appointment and the decision made jointly that treatment would stop.
9. With reference to paragraphs 22/23/24/25/26 of Ms Gillies response, whilst giving numerous rationales for the increased liver function tests at this time I also understand it is also possible that they could have been a result of the Hepatitis C infection.

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10. The liver function test results may have been discussed in the general context of the blood results but there was never any discussion about their relevance to Hepatitis C (Non HepA/HepB). Being acutely aware of and clear about the previous Hepatitis A and Hepatitis B discussions taking place, there was never any discussion about Hepatitis C (Non hepA/HepB). My clarity about the HIV test discussions mean that had the discussion about Hepatitis C taken place it would be clear in my recollections of this happening. The HIV discussion is obviously documented, in the NHS accurate documentation is essential as I am fully aware having worked in the NHS for 35 years, therefore there is no documentation in the notes at the June 1992 appointment about asking for consent for the Hepatitis C test to be done. In paragraph 14 it is stated in the reply that I did not know I was being tested.
11. Routine testing apparently came in in 1991, I wasn't tested until June 1992 ( I was not aware of this routine Hepatitis C testing nor had I been asked for consent to be tested in 1992) and I was not informed of the result of this test until 1993 so there is a 2 year delay in me being informed.
12. This delay could have led to my condition being more severe, put my close family, friends and colleagues at risk, and more importantly for the NHS, could potentially have resulted in me putting other patients at risk being a staff nurse.
13. It is unfortunate that several statements from the Professor are subjective, lack clarity, are not based on any factual information and at best indicate significant failings in the recording of patients information when he states that that there *"was a distinct possibility that discussions did not take place concerning the raised liver function test results"* and in relation to being informed of the Hepatitis C testing that I *"was either not informed*

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about this and asked for my approval, or I do not recall it being discussed” despite stating that I was not informed of being tested in Paragraph 14.

14. Not being informed of the test and the positive Hepatitis C test result from June 1992 until the June 1993, given the previous assurances detailed in Paragraph 8 in that blood test results were “*shared with patients at subsequent visit (or earlier if there was a clinical indication was identified)*”, indicates a complete failure in the NHS system of informing patients. It is stated that not being informed of the positive test in the December of 1992 was simply an “oversight”. However the NHS system should have resulted in me being contacted and informed of the test result in the June of 1992, but when attending the clinic in the September 1992 and December 1992. There were 3 missed opportunities to inform me of the situation before being advised in the June of 1993. This situation cannot therefore be simply termed as being an “oversight”

### Statement of Truth

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

Signed

GRO-B

Dated

Aug 21, 2023