

Witness Name: Dr Gary Benson
Statement No.: WITN3082001
Exhibits: WITN3082002 - WITN3082014
Dated: 13 January 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR GARY BENSON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 17 May 2019.

I, Dr Gary Benson, will say as follows: -

Section 1: Introduction

1. My name is Dr Gary Benson. My professional address is NI Haemophilia Centre, Belfast City Hospital, Lisburn Road, BT9 7AB. My date of birth is GRO-C 1976. My professional qualifications are as follows; MB, BCh, BAO, FRCP, FRCPATH.
2. I have held the following positions:-
 - (i) JHO Aug 1999-July2000: Altnagelvin Hospital, Western Health and Social Care Trust
 - (ii) SHO Aug 2000-July2001: General Medicine, Altnagelvin Hospital, Western Health and Social Care Trust
 - (iii) SHO Aug 2001-Jan2002: General Medicine, Causeway Hospital, Northern Health and Social Care Trust
 - (iv) SHO Feb 2002-July2002: Clinical Oncology, Belvoir Park Hospital, Belfast Health and Social Care Trust.
 - (v) SHO Aug2002-Jan2003: Clinical Haematology, Belfast City Hospital, Belfast health and Social Care Trust.
 - (vi) Specialist registrar Feb2003-Jan 2007: Haematology, Belfast City Hospital, Belfast Health and Social Care Trust
 - (vii) Specialist registrar Feb2007-Jan2008: Haematology, East Of Scotland Haemophilia Comprehensive Care Centre, Royal Infirmary Edinburgh
 - (viii) Consultant Haematologist with a specialist interest in disorders of haemostasis: Feb 2008 – present, Belfast City Hospital, Belfast Health and Social Care Trust. This post includes the role of Director for the NI

Haemophilia Comprehensive Care Centre in leading and delivering the care to patients in NI with congenital and acquired bleeding disorders. The majority of work revolves around those who attend the adult centre but also undertaken a clinic alongside the paediatric haematologist.

- (ix) I am the laboratory lead for specialty coagulation and run the regional specialty coagulation laboratory for NI.
- (x) I work alongside a colleague, Dr Chris McCauley, who undertakes the same work as myself in relation to the disorders of coagulation.
- (xi) I am the Clinical Director for Blood Sciences within the Trust.

3. I am a member of the following:-

- (i) British Society Haematology
- (ii) Royal College of Physicians
- (iii) Royal College of Pathologists
- (iv) Belfast Trust Drugs and Therapeutics Committee
- (v) Belfast Trust Transfusion Committee
- (vi) Regional Haematology Clinical Reference Group
- (vii) UKHCDO Advisory Committee
- (viii) Medical advisor UK Haemophilia Society

Section 2(a): Responses to criticism regarding Seamus Conway

- 4. In paragraph 23 and 44, the family of Mr S Conway do not accept the observation that there was a problem with alcohol nor that the injuries sustained occurred whilst under the influence of alcohol. In relation to the injury sustained September 2014 which required transfer and surgical manipulation in Royal Victoria Hospital, the attending consultants annotation from the ward round refers to them having been made aware that it 'occurred whilst under the influence of alcohol' (Exhibit WITN3082002).
- 5. Discharge summary from Altnagelvin Hospital dated 10.03.14 refers to having been 'brought in by ambulance' following a fall 'with alcohol on board' from which a fractured neck of femur was diagnosed (Exhibit WITN3082003).
- 6. Further to attendance at the Royal Victoria Hospital Hepatology Unit on 06.10.17 it is recorded that during the consultation Mr S Conway admitted to an alcohol intake which he knew to be 'heavier than would be recommended' and that the intake had been 'heavier' when he had 'very significant social pressures' (Exhibit WITN3082004).
- 7. Discharge letters further to admissions in Altnagelvin Hospital refer to alcohol abuse/ alcohol excess on 19.09.14, 14.10.14, 17.10.16 (Exhibits WITN3082005, WITN3082006 and WITN3082007).

8. Taken from paragraph 32 my expressed apology was taken to be an admission of blame. The goal of expressing sympathy is to offer your compassion and concern. The most important thing to communicate is that you care about the person and you are available as a source of support. The word 'sorry' was issued to reflect a feeling of regret, compunction, and sympathy. It was not used as an admission of blame or declaration of fault.
9. Taken from paragraph 34, a lack of regular liver scans given long term liver problems has been raised. Mr S Conway received regular outpatient review clinic appointments over the years during which review of liver functions tests as well as haemophilia treatment would have been reviewed. Unfortunately, these appointments were not kept, with many being recorded as DNA – did not attend. Record below taken from Belfast trust PAS system and refers only to haemophilia outpatient review appointments.

Date	Location	Haematology Consultant	DNA/ ATT/ CND
04.01.02	BCH	Anderson	DNA
01.03.02	BCH	Anderson	DNA
15.03.02	BCH	Anderson	DNA
18.06.02	BCH	Anderson	DNA
20.08.02	BCH	Anderson	DNA
01.10.02	BCH	Anderson	DNA
03.12.02	BCH	Anderson	DNA
17.01.03	BCH	Anderson	DNA
27.06.03	BCH	Anderson	DNA
15.08.03	BCH	Anderson	DNA
17.10.03	BCH	Anderson	DNA
12.12.03	BCH	Anderson	DNA
23.01.04	BCH	Anderson	DNA
02.02.04	BCH	Anderson	ATT
26.03.04	BCH	Anderson	DNA
16.04.04	BCH	Anderson	DNA
11.05.04	BCH	Anderson	ATT
14.05.04	BCH	Anderson	CND
06.08.04	BCH	Anderson	DNA
13.08.04	BCH	Anderson	DNA
03.12.04	BCH	Jones	DNA
11.02.05	BCH	Jones	DNA
22.04.05	BCH	Jones	DNA
06.09.05	BCH	Jones	DNA
07.07.06	BCH	O'Keeffe	DNA
08.09.06	BCH	O'Keeffe	DNA
28.11.06	BCH	Jones	DNA
05.06.07	BCH	Jones	DNA
31.07.07	BCH	Jones	DNA
14.09.07	BCH	Jones	DNA
06.11.07	BCH	Jones	DNA
23.11.07	BCH	Jones	DNA
18.01.08	BCH	Jones	DNA
02.05.08	BCH	Benson	CND
16.06.08	BCH	Benson	DNA

15.08.08	BCH	Benson	DNA
21.11.08	BCH	Benson	ATT
02.04.09	BCH	Benson	ATT
07.08.09	BCH	Benson	DNA
03.12.10	BCH	Benson	DNA
14.01.11	BCH	Benson	DNA
03.06.11	BCH	Benson	DNA
01.07.11	BCH	Benson	DNA
07.10.11	BCH	Benson	DNA
03.02.12	BCH	Benson	DNA
06.04.12	BCH	Benson	DNA
03.08.12	BCH	Benson	DNA
04.01.13	BCH	Benson	DNA
05.03.13	ALT	Benson	DNA
04.06.13	ALT	Benson	ATT
04.10.13	BCH	Benson	DNA
07.02.14	BCH	Benson	ATT
21.11.14	ALT	Benson	ATT
27.02.15	ALT	Benson	DNA
25.09.15	ALT	Benson	DNA
27.11.15	ALT	Benson	DNA
26.02.16	ALT	Benson	DNA
12.08.16	ALT	Benson	ATT
09.06.17	ALT	Benson	DNA
08.12.17	ALT	Benson	DNA
09.03.18	ALT	Benson	DNA
03.04.18	ALT	Benson	DNA

10. A total of 62 routine outpatient appointments were provided for follow up over 16 years, from which attendance is recorded as 8. Standard practice in relation to patients not attending hospital appointments would have been to discharge them. This rule was not followed and ongoing outpatient appointments continued to be given. An accepted frequency for patients with severe haemophilia would be every 6 months. Mr S Conway was offered appointments at a greater frequency than this routine figure which would have been expected 32 appointments in 16 years. He was reached out to with double this frequency.
11. During the attendances, from 2008 when I was appointed, routine testing with regards to liver function, and full blood count, were undertaken and compared to the last recorded result and there was no significant deviation from the baseline noted. During the same time frame, attendances to the Emergency Department and Altnagelvin Hospital also occurred from which blood tests were taken. I note discharge summary 17.10.15 which highlights the liver function tests as 'no new worsening'. Blood samples below corresponding to haemophilia clinic review are samples numbered 8 and 10.

12. At the time, routine imaging of the liver, in the form of ultrasonography would not have been undertaken routinely outwith a change in the results or the clinical condition of the patient. Correspondence was undertaken to the primary care physician to highlight the failure to attend rate at the outpatient clinic. There were also phone calls to the haemophilia unit, to order routine clotting factor replacement when the wellbeing of Mr S Conway would have been checked and ongoing attendance encouraged.

It is noted in reviewing through Mr S Conway Electronic Care Record, that he has been assessed and reviewed by multiple health care professionals over the same time frame and on occasions bloods have been checked and reviewed. It is also noted that an abdominal scan was undertaken in response to blunt force abdominal trauma. (Exhibits WITN3082011 and WITN3082012).

13. Further to the availability of additional treatment with a higher success sustained viral remission, Mr S Conway was formally referred to the hepatology service at the Royal Victoria Hospital by myself, alongside all other patients who at that time were hepatitis C positive.

Section 2(b): Response to criticism regarding Edward Conway

14. In response to paragraph 8, where comments in ongoing correspondence to GP may be construed as misleading in line with health issues being alcohol related. I am aware that Mr E Conway was assessed by a specialist in psychiatry, Dr Hussein, further to a period of hospitalisation in Altnagelvin under the care of Dr Black in 2009, and the working diagnosis was that the clinical picture in keeping with Korsakoff syndrome as alcohol excess chronic with clear antegrade and retrograde short term memory deficit and confabulation. (Exhibits WITN3082013 and WITN3082014).

Section 3: Other Issues

15. I have no other relevant evidence to submit.

Statement of Truth

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

Signed GRO-C
Dated 13-01-2020

Table of exhibits:

Date	Notes/ Description	Exhibit number
22.09.14	Fracture ward round	WITN3082002
10.03.14	Discharge summary following fractured neck of femur	WITN3082003
06.10.17	Hepatology outpatient clinic attendance letter	WITN3082004
19.09.14	Discharge Summary Altnagelvin Hospital	WITN3082005
14.10.14	Discharge summary Altnagelvin Hospital	WITN3082006
17.10.16	Discharge summary Altnagelvin Hospital	WITN3082007
01.14 - 05.18	Liver function test results	WITN3082008
03.11 – 01.14	Liver function test results	WITN3082009
09.14 – 01.18	Liver function test results	WITN3082010
09.01.10	Discharge summary Altnagelvin Hospital	WITN3082011
03.01.10	CT abdomen	WITN3082012
11.07.19	Discharge summary Altnagelvin Hospital	WITN3082013
30.09.09	Neurology outpatient assessment Altnagelvin Hospital	WITN3082014