Witness Name: Dr William Jonathan Cash
Statement No.: WITN3178001
Exhibits: **None**
Dated: 20th May 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR WILLIAM JONATHAN CASH

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

I, Dr William Jonathan Cash, will say as follows: -

Section 1: Introduction

1. My name is Dr William Jonathan Cash. My date of birth is GRO-C 1974 and my professional address is The Liver unit, 1st Floor east wing, Royal Victoria Hospital, Grosvenor Road, Belfast. My qualifications include a bachelor of medicine & surgery degree (MB Bch BAO) awarded by Queen's university, Belfast in 1998, membership of the Royal college of physicians (MRCP), granted in 2003 and a Doctorate of Medicine degree (MD) awarded by Queen's university, Belfast in 2009. I was elected to fellowship of the Royal College of Physicians (FRCP) in 2011.

2. I took up my current post as a consultant Gastroenterologist and Hepatologist in August 2010 following award of a certificate of completion of specialty training in Gastroenterology and general (internal) medicine with sub-specialty accreditation in Hepatology. Prior to this post, I was a specialist registrar in the Northern Ireland Medical and Dental Training agency gastroenterology training

program and completed a 1 year fellowship in St Vincent's University hospital (Dublin) Liver transplant unit in July 2009.

3. I received the IHM medical leader of the year award for Northern Ireland in 2013.

4. I was an elected board member of the Irish Society of Gastroenterology (ISG) 2011-2017. I remain a member of the ISG along with membership of the British Association for Study of Liver Disease and British Society of Gastroenterology.

5. I have always been an active advocate for patients with all forms of liver disease and continue to work with patient groups and charities on a voluntary basis, both as part of my job and in my personal time, to promote population liver health. Examples include participation in national 'Love your Liver' campaigns, regular attendance to support the Royal Victoria Hospital Liver support group (a NI-wide charity) and attending UK haemochromatosis society meetings.

6. As a Liver specialist, I work with patients from diverse social, economic and ethnic backgrounds and see many patients with rare diseases and unfortunate circumstances not of their own making.

7. GRO-C GRO-C suffer from an inherited bleeding disorder and all attend the regional haemophilia clinic or paediatric haematology service GRO-C GRO-C received blood products as a young girl and it is only through good fortune that she did not acquire a blood borne virus.

8. I have not been a member, past or present, of any committees or groups relevant to the Inquiry's terms of Reference.

Section 2: Criticism of GRO-B

9. I was contacted on my personal mobile telephone by Lisa Kastropil, on behalf of the Infected Blood Enquiry, at 18.17 hours on 7th May 2019. This call was

from a mobile telephone number and outside of my contracted hours of employment by Belfast Health & Social Care Trust.

10. Lisa Kastopil informed me I had been professionally criticised by a patient giving evidence to the Enquiry and I was being issued a rule 9 request to provide a written statement. She informed me my contact details had been obtained through a request to the General Medical Council.

11. I was informed I would usually be given 21 days in which to provide my statement, however the evidence of the patient who had criticised me was being heard on 21st May 2019. I therefore had 14 days in which to submit evidence if I wanted my statement to be available at the time of the patient's evidence being heard at the inquest. It was made clear I could still choose to take 21 days and if I did my statement would still be considered by the enquiry.

12. Lisa Kastropil took my email address and undertook to email me the details on the evening of Tuesday 7th May 2019.I did not receive an email on May 7th.

13. I received a further phone call from Lisa Kastropil on Wednesday 8th May 2019 at 13:37 hours. Ms Kastropil sought clarification regarding my email address. She apologised for a typographical error made in sending the email on 7th May. I received an email shortly thereafter.

14. Lisa Kastropil's manner was polite and professional throughout however the initial phone call was out of normal working hours to my personal mobile number and caused me distress. I did not receive an email as discussed that evening and as a result, I did not sleep well as I remained unclear what accusations or comments had been made against me.

15. The rule 9 request issued to me indicates the infected blood inquiry has received a statement from a witness (GRO-B) in which I am subject to professional criticism. This criticism is an allegation that the way in which I spoke to Mr GRO-B caused upset.

16. Mr GRO-B attended the regional liver clinic for a consultation with me on 15th August 2011. I have no personal recall of that or subsequent consultations with Mr GRO-B I have therefore referred to the medical records and contemporaneously dictated letter to recall the events.

17. I noted Mr GRO-B had chronic hepatitis C genotype 1 and relapsed following prior treatment with a combination of Pegylated interferon and ribavirin administered in 2005.

18. During the consultation we discussed possible future therapies for Mr GRO-B

19. At the time of the consultation, a new combination of therapy was pending which would see the addition of a protease inhibitor to the combination of pegylated interferon and ribavirin. I noted that the new treatment had been licensed at the time of the consultation but had not been approved for use locally (within Northern Ireland).

20. The liver team were therefore not in a position to offer further treatment at that time.

21. I noted Mr GRO-B would require a Fibroscan to assess if there was underlying damage to his liver. A specific probe for the Fibroscan (XL probe) was required and was not yet available at that time.

22. Mr GRO-B returned to the liver unit for a further consultation on 6th April 2012. On this occasion he was assessed by a specialist registrar (SPR) on my behalf. I did not meet Mr GRO-B during this consultation. The SPR noted he was well and had no complaints. The SPR also discussed the possibility of new treatments becoming available later in the same year and made arrangements for the Fibroscan to be performed as the appropriate probe had become available by that time.

23. Mr GRO-B underwent a Fibroscan on 8th May 2012. I performed this scan myself and informed Mr GRO-B he would be added to the waiting list for treatment with protease inhibitors and would be offered treatment once they became available.

24. The scan suggested there may have been some fibrosis within the liver (10.5KPa) at that time.

25. Mr GRO-B met one of the regional liver unit hepatitis nurse specialists along with one of my consultant colleagues on 23rd October 2012 to discuss commencing treatment. My consultant colleague recommended Mr GRO-B commence an anti-depressant medication before he started the hepatitis treatment. He also discussed the need for Mr GRO-B to be cautious with the use of painkillers when he commenced the new hepatitis treatment.

26. Mr GRO-B commenced therapy with Pegylated interferon, ribavirin and boceprevir (the new protease inhibitor) on 3rd December 2012. During this course of treatment, he developed anaemia and required supplementary erythropoietin injections twice weekly. His hepatitis C polymerase chain reaction (PCR) blood test revealed the hepatitis C virus was undetectable by the twelfth week of treatment and has remained undetectable ever since.

27. The hepatitis nurse specialists oversaw Mr GRO-B s treatment and he completed treatment on 12th November 2013.

28. Mr GRO-B s hepatitis C PCR blood test remained negative on 21st May 2014 indicating he had successfully cleared the virus.

29. Mr GRO-B was further reviewed at the liver clinic on 4th July 2014 and 9th July 2016. On these occasions by two different specialist registrars. Following discussion we planned a further Fibroscan to assess if there would be interval improvement in liver fibrosis following clearance of the hepatitis C virus.

30. Mr GRO-B underwent further Fibroscan on 9th September 2016. On this occasion, another consultant colleague performed the scan. The Fibroscan

result showed significant improvement (liver stiffness 6.7KPa) and suggested there had been regression of liver fibrosis. My consultant colleague discharged Mr GRO-B from the liver service at that time.

31. I am sorry Mr GRO-B had a bad experience with our service and with me in particular.

32. I have no personal recollection of having a difficult or distressing consultation with Mr GRO-B I believe neither the liver team nor I placed obstacles or created difficulty in the way of Mr GRO-B receiving treatment for hepatitis C. Mr GRO-B commenced therapy within a short number of months after protease inhibitors were funded for use within Northern Ireland.

33. Mr GRO-B quotes me in point 35 of his witness statement. The sentence he quotes me as saying is not language I would use. Firstly, I have never referred to any patient with the term "people like you" whilst the phrase "to acquire a place for treatment" is not the terminology or language a medical professional would use.

34. I have already described that I work with patients from diverse social, economic and ethnic backgrounds and see many patients with rare diseases. GRO-C GRO-C I would simply never countenance the use of the term "people like you". I insist I would not have used such language and such language would have no place in the providing care to the population of patients attending the liver service.

35. With respect to "banging at the door" to get treatment; funding for new medication has never been at the discretion of medical staff and such decisions lie within the remit of the Health of Social Care Board and/or Department of Health.

36. Doctors must treat patients purely on clinical need and prioritise based on clinical urgency. It has never caused me concern that a patient would desire to

obtain treatment as early as possible. Indeed, I see it as a positive as it indicates a patient is taking an active interest in their health.

37. Our team assessed Mr GRO-B on a number of occasions following the appointment, which he alleges caused upset. This included by myself when I performed the initial Fibroscan. There is no record that Mr GRO-B raised any concerns prior to this time and no complaint was ever received.

38. As outlined in my statement above, there is no evidence to substantiate this allegation and I do not believe the language described would be that which I would use. Indeed, I find it abhorrent to be accused of using such language given the commitment I offer to my patients.

39. Nonetheless, I would again like to say I am sorry that Mr GRO-B had a bad experience.

40. Notwithstanding, even if the allegation were true, I do not believe Mr GRO-B s criticism amounts to professional criticism. In the General Medical Council (GMC) "good medical practice", domain 3 point 31 states "You must listen to patients, take account of their views, and respond honestly to their questions". I believe I have maintained this and all of the remainder of the "good medical practice" standards and therefore the comments made by Mr GRO-B do not amount to professional criticism.

41. Since taking up my current post, I have received excellent patient feedback in two separate patient feedback exercises as part of the GMC's five yearly revalidation process. Patients are selected at random and feedback is given anonymously. I would be very happy to share the feedback outcomes and comments if required.

Section 3: Other Issues

Statement of Truth

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

Signed GRO-C

Dated 20th MAY 2019