

Witness Name: Philippe Bonnet

Statement No.: WITN3270001

Exhibits: nil

Dated: 19 July 2019

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF PHILIPPE BONNET

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19 June 2019.

I, Philippe Bonnet, will say as follows: -

#### Section 1: Introduction

1. My name is Philippe Bonnet and my date of birth is GRO-C 1969. My address is: GRO-C
2. I hold various work related qualifications, including (inter alia) a B Tech Level 3 (2003), Basic Counselling Skills (2003), NVQ Level 3 in Health and Social Care (2006), Acupuncture (2008), Reiki (2010), Electro-stimulation Therapy (2009), Basic and Advanced Phlebotomy, Cannulation and Blood Cultures (2010)
3. I previously worked as an outreach drug worker and trainer for fourteen years, mainly for third sector organisations but also for the pharmaceutical industry. I worked at Change Grow Live (CGL) for four years, from March 2015 to April 2019. I occupied a few different roles while I was at CGL, which included being the Lead on blood-borne viruses, and also a secondment as Regional Hepatitis C (HCV)

Coordinator for the Midlands and South West from May 2018 to April 2019. Prior to May 2018, my main duties were training staff internally/externally on various topics: overdose management and naloxone administration, ChemSex, safer injecting, HCV and other blood-borne viruses. I facilitated a weekly HCV clinic at Scala House where I took venous samples and organised appointments with the Queen Elizabeth Hospital. I facilitated a fortnightly HIV clinic at Scala House with Heartlands Hospital HIV team where I also took venous samples from patients, as well as trying to locate patients in the surrounding area. I also facilitated a Harm Reduction Clinic for men who have sex with men at Heartlands Hospital HIV department, as well as operating the needle exchanges in three Birmingham city centre pharmacies. I was part of CGL Implementation Team, training staff on protocols and procedures regarding needle exchange, blood-borne virus testing and naloxone. I regularly trained nurses, pharmacists, consultants, GPs and police officers on a wide range of drug related topics. I liaised regularly with West Midlands Police Drugs Witness Team to identify local trends. I was a member of the Drug Related Death Inquiry Group with Birmingham City Council, PHE, SIFA Fireside and West Midlands Police.

4. I currently work at the Hepatitis C Trust as a Peer Support Lead. I have worked at the Hepatitis C Trust for 3 months, and started working at the Trust in April 2019

## **Section 2: Working at CGL**

5. While I was at Change Grow Live I had a one-year secondment from May 2018 to April 2019 during which I worked as a Regional HCV Coordinator for Midlands and the South West. My role was to train staff on blood-borne viruses as well as the policies, procedures and protocols for testing and referring patients for treatment. A key element of my role was to train practitioners to improve understanding and competency around Hepatitis C management, testing and treatment.

6. In June 2018, I attended a meeting with the Northamptonshire Trust, which was held in a hotel on the outskirts of Northampton. The meeting was organised by Gilead Sciences.
7. I remember the people in attendance at the meeting. To my left were Dr Das and two clinical nurse specialists who I do not recall the names of. My manager Claire James from CGL was there, as well as a colleague called Alesha, who worked in Kettering. There was a woman there who I believe was the Operation Delivery Network Lead (ODN), but I am not completely sure. Matt Milner from Gilead was also present.
8. During this meeting we were discussing the pathway to get treated for Hepatitis C in Northamptonshire. I cannot remember how the conversation moved on from this, but I remember that we had a working dinner later that day during which I heard Dr Das, the consultant, say *'I have a database with a list of thousands of patients with blood-borne viruses, but we can't tell them because we tested them without their consent.'* I asked him what he meant, why and how. He said that they had needed to test the patients to keep the surgical teams safe in operations. At this point I expressed my dismay and concern at the described practice. During a break, I spoke to my manager Claire. I further expressed my concerns, asking if she could believe what Dr Das had just said. My manager was also concerned and told me not to worry because pharma would be all over this. By pharma I knew that she meant Gilead Sciences, as they would share similar concerns.
9. The week after this meeting I went to London and had a meeting with the Harm Reduction Group, Release and the National AIDS Trust. I mentioned this database and everyone who was at this meeting was completely shocked. Niamh, the CEO of Release, said that testing without consent essentially amounted to assault. The former CEO of the Blenheim Project, John Jolly, sits on the Old Parliamentary Group and said that he would do some digging. A few weeks later John Jolly

emailed me and said that he had spoken to Dr Ashley Brown, consultant hepatologist at Imperial College London. Apparently, historically speaking and especially after the HIV/AIDS scare of the 1980's, hospitals used to test patients prior to surgery in order to keep surgical teams safe. Ashley was not aware if this practice was still going on.

10. I do not know if Northampton are still testing people without consent, or whether the database Dr Das mentioned at the June meeting was historical and just the remnants from when this was an accepted practice. When Dr Das said that he had a list of people on a database with blood-borne viruses, including HCV, I assumed that he was referring to a computerised database.
11. In May 2019 I wanted to double check whether Dr Das had said that the database included hundreds or thousands of patients with blood-borne viruses, just to ensure my recollection was correct. I called up my previous manager from CGL who had also been at the meeting, and she confirmed that it was definitely in the thousands.
12. CGL were neutral and did not tell me to behave in a certain way in relation to the information Dr Das disclosed relating to the database – I was not asked to keep the information a secret. My manager just told me not to worry too much because *'pharma would be all over it'*. Within a few months after this meeting, I went off work on sick leave and therefore I was not involved in any subsequent discussions that may have arisen. I eventually left CGL in April 2019 to pursue my career with the Hepatitis C Trust.
13. Another issue that I would like to discuss is the issue of false negative test results. Sometime in 2017 I noticed that a lot of my tests for HCV, HBV and HIV were coming back indeterminate. I emailed the lab asking them what was going on and raised the issue with my clinical lead. The response from the lab was very evasive and they did not

explain why I was getting these indeterminate results. I even asked whether there was an issue with the quality of the samples that I was sending to them, but they still could not tell me anything about why the test results were indeterminate; they just said that we should test the people again. The people we were testing were people who were already reluctant to be tested, or who did not have a fixed address or contact details, so having to find these people and convince them to let us test them again was a huge problem.

14. In 2018 I was having a conversation with one of the CGL nurses about the issue of indeterminate test results. This nurse and I used to run the Hepatitis C clinic at Scala House and we had taken venous samples together in the past. We decided to do a random HCV test on one of our patients who we definitively knew was HCV positive, and who was about to start treatment. His results came back positive for antibodies but PCR negative. This was obviously incorrect because he was a known HCV positive patient. We called the CGL Director of Nursing straight away but could not get through, so we followed up with an email. She replied stating we would discuss this at our next meeting as a matter of urgency.
15. When we had our monthly HCV meeting the topic of indeterminate results and false negatives was brought up, and the Director of Nursing stated that she had heard of this happening not just in the West Midlands but in other areas such as London and the North East. She was extremely concerned by this.
16. The organisation that provided the test kits that gave the indeterminate results is called Alere. CGL are the biggest treatment providers in England, and their contract at the time was with Alere. We had been aware of the fact that when using dry blood to test for blood-borne viruses there is a certain margin of error, but the indeterminate results suggested a much higher margin of error for the tests provided by Alere. The fact that Alere were suggesting that we retest all patients

who had indeterminate results was ridiculous because a lot of people had been reluctant to get tested in the first place, so it would be near impossible to contact them all or test them all again.

17. My concern with false negatives is that if you tell someone who has participated in risky behaviour that they are negative for blood-borne viruses, in many cases that person will try to avoid putting themselves at risk again. This may also mean that they will never get tested again, because they know that they have not been at risk since their last test. However this is all dependant on the results they received being correct; if the test results were incorrect and they never get tested again, they could be carrying the virus and accidentally passing it on to their family and friends – some people accidentally share toothbrushes or razors and hair clippers.

18. When the Director of Nursing found out about the indeterminate and false negative test results she stated CGL were about to review the contract with Alere, but I do not know if Alere have ever resolved the issue of indeterminate testing because I left CGL in April 2019.

### **Section 3: Relevant working situation since leaving CGL**

21. As previously mentioned, I started working at the Hepatitis C Trust in April 2019 as a Peer Support Lead.

22. My role and responsibilities as a Peer Support Lead at the Trust is to raise awareness of HCV in the community by delivering Peer-to-Peer workshops, facilitating testing and treatment, as well as identifying potential Peers.

### **Section 4: Other issues**

23. There are no other relevant issues that I wish to discuss.

**Statement of Truth**

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

Signed:

GRO-C

Dated:

19/7/19

