Witness Name: Professor Charles Richard Morris Hay
Statement No.: WITN3289023
Exhibits: WITN3289024 - WITN3289025
Dated: 11 June 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHARLES RICHARD MORRIS HAY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 25 July 2019 in relation to the criticisms raised by Mrs GRO-B.

I, Professor Charles Richard Morris Hay, will say as follows: -

Section 1: Introduction

1. My name is Professor Charles Richard Morris Hay MBChB MD FRCP FRCPath

- Consultant Haematologist Manchester Royal Infirmary since December 1994.
- Director Manchester Adults Haemophilia Comprehensive Care Centre since December 1994.
- Professor of Haemostasis and Thrombosis.
- Senior Lecturer in Haematology Liverpool University and Director Liverpool Haemophilia Centre, Royal Liverpool Hospital 1987-1994.
- Director UK National Haemophilia Database since 2002.
- Member UK Haemophilia Centre Doctors Organisation (UKHCDO) Regional Committee from 1987 and then Advisory Committee since 2007 (when the committee name changed).
- Vice Chairman UKHCDO 1997 to 2005.
- Chairman UKHCDO 2005-11.

I have attached a copy of my curriculum vitae and publications to previous statements to the Inquiry.

Section 2: Responses to criticism of GRO-B

1. The Manchester Haemophilia Comprehensive Care Centre (Adults) is based in Manchester Royal Infirmary. This was the third largest haemophilia Centre in the United Kingdom. It is now the second largest with >2500 patients with bleeding disorders registered. When I arrived in 1994, I was the only consultant specialising in adult Thrombosis and Haemostasis in the North West Region, assisted by a part-time clinical assistant, Dr Monica Bolton. We now have four consultants with this specialism. In 1994, we had three Haemophilia Nurses, one of whom also did counselling and went into the community. There were no clinical research staff. There were no joint clinics and no formal liaison with any other supporting specialism or profession allied to medicine, such as physiotherapy. All the follow-up clinics were conducted in the Haemophilia Centre without any junior staff support. There was no internal training rotation for junior staff so they spent all their time treating leukaemia. I was on call 1:1 i.e. 365 days a year except when away or on holiday.

2. In the first year, I introduced an internal training rotation for junior staff so that we had a registrar attached to thrombosis and haemostasis most of the time. I introduced weekly multidisciplinary meetings and arranged for Physiotherapy input for our patients. I rapidly established joint clinics for Orthopaedics and subsequently joint HIV clinics and joint obstetric clinics and later joint adolescent clinics with the paediatric service. Liaison with Hepatology was close throughout this period but not formalised around a clinic. As we acquired more consultants specialising in Thrombosis and Haemostasis, first in 1999 and then in 2003 and in 2018, the patients were reallocated among the consultants. Almost all the HIV positive patients have remained with me and are joint-managed with Dr Ashish Sukthanker, Consultant HIV Physician.

3. I was Mr GRO-B 's Consultant Haematologist between December 1994 and his death. Mr GRO-B had mild haemophilia and therefore had very few bleeding problems attributable to Haemophilia and would have been reviewed as an outpatient every 12 months, particularly since his HIV, hepatitis C, and chronic liver disease were managed by others in North Manchester by the time I started in

Manchester. He had contracted HCV and HIV from blood product therapy administered many years before.

4. Unfortunately, his Manchester Royal Infirmary notes were destroyed at some point and so I was unable to consult them in order to prepare this statement. However the exhibits provided by Mrs GRO-B, suggested that she had access to copies. I therefore requested the Inquiry to provide copies of Mr GRO-B's notes covering the period 1994 until his death in 2000. An incomplete set of his notes has subsequently been provided, which include very little from Manchester Royal Infirmary and nothing whatsoever for the years 1996-2000 inclusive. The 2 letters from me dated 7 and 28 December 1995, would not have been copied to the patient at that time, and will therefore have come from a copy set of the notes that I believe was provided to Mrs GRO-B upon her request, after her husband's death. I have prepared this statement using the documentation available to me, but reserve the right to amend or add to this, should further material be disclosed.

5. Haemophilia care is largely an outpatient speciality. We would see the patients regularly for review in outpatients and they would treat themselves at home for more minor bleeding or prophylaxis, dropping into the Haemophilia Centre for more serious problems.

6. I saw Mr GRO-B as an outpatient on only a few occasions, including 6/12/1995 and 20/12/1995. Letters from both clinic appointments are exhibited at WITN3289024 and WITN3289025. My letter from 20/12/95 indicates that I was expecting to see him four weeks later but no correspondence for that visit or any subsequent visits has been provided.

7. Mrs GRO-B complains that in one of these consultations, date unspecified, she showed me a graph of Mr GRO-B's blood sugar levels and that I "did not engage at all". I have no recollection of this consultation and it is clear from my detailed reply to a letter of complaint from Mrs GRO-B in December 2003, which she includes amongst her exhibits, that I had no recollection of this episode, even in 2003.

8. However, having reviewed the incomplete documentation that has recently been made available to me, it is clear that I did engage with this problem appropriately. On 6/12/1995, Mr GRO-B volunteered a history of polydipsia and polyuria, and his wife GRO-B told me that she had been checking his blood sugar and that it measured between 9 and 28 mmols. This placed me in a slightly difficult position because this

was possibly a complication of his anti-HIV treatment, managed by Dr Mandel in North Manchester, though GRO-B also had a family history of maturity onset diabetes. Diabetes is usually managed by the GP. I therefore wrote to Dr Mandel and to the GP to make them aware of this, and to suggest some possible changes to his anti-retroviral therapy. I arranged to review GRO-B early, after three weeks. I suggested that his wife should chart his blood sugars.

9. When I reviewed GRO-B on 28/12/95, I reviewed his blood sugar chart and described it in the clinic letter. He had stopped his DDI, an antiretroviral drug, without this affecting his blood sugar. My letter discussed whether his diabetes was medication-induced or simply maturity onset. He was symptomatic from his diabetes and so I started him of Glibenclamide, a hypoglycaemic drug, at the usual starting dose. I made various dosage suggestions to his wife based on her ongoing blood sugar monitoring and agreed to review him in 4 weeks. No further extracts from the MRI notes have been provided.

10. It would have been my intention that his diabetes management would be assumed by the GP, since I am a haematologist and maturity onset diabetes is more usually managed by the GP. I wrote to both the GP and to Dr Mandel.

Statement of Truth

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

Signed GRO-C

Dated: 11 June 2020

Table of exhibits:

Date	Notes/ Description	Exhibit number
7 December 1995	Letter from Dr Hay to Dr Mandel regarding clinic appointment on 6 December 1995	WITN3289024
28 December 1995	Letter from Dr Hay to Dr GRO-B regarding clinic appointment on 20 December 1995	WITN3289025