Witness Name: Professor Charles Richard Morris Hay
Statement No.: WITN3289177
Exhibits: Nil
Dated: 25/08/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHARLES RICHARD MORRIS HAY

I provide this statement in response to a request under Rule 13 of the Inquiry Rules 2006 dated 2 June 2021 in relation to the criticism of witness W1231.

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

Section 1: Introduction

1. 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 previously provided the Inquiry with a copy of my Curriculum Vitae

2. 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.

3. 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.

Section 2: Responses to criticism of Witness W1231

4. Witness W1231 was managed at Manchester Children's intermittently in the

1980s alternating on an almost annual basis between Manchester Children's, Nottingham and Liverpool (WITN1231001). He was managed in Liverpool in 1995-97, transferring for the first time to Manchester Royal Infirmary in 1998. He transferred his care from Manchester to Basingstoke in 2002 (WITN1231002 and WIN1231003). He has not been managed in Manchester since that time.

5. At paragraph 10 of his statement (WITN1231001), witness W1231 says: *"I did not have a good relationship with Dr Hay. I found him to be arrogant dismissive and condescending in his attitude towards me. Whilst under his care at Manchester I asked to be transferred to Lancashire. That request was refused, but Dr Hay did facilitate a transfer to Liverpool. I understand Dr Hay to have connections and a close working relationship with Dr* GRO-D*"*;

6. I do not believe that I was ever arrogant, dismissive and condescending, and certainly that was not my intention. However, think it is likely that on occasions we may not have agreed about witness W1231's clinical management, since his compliance with treatment and follow up were poor, and there was also a past history of poor compliance with treatment for both Haemophilia and Hepatitis C, before his transfer from Liverpool. My recollection is that his relationship with the team as a whole, was poor.

7. I have no recollection of him requesting "transfer to Lancashire". This would have been inappropriate and impossible, since there is no haemophilia centre in Lancashire and transfer back to Liverpool would have been more appropriate, geographically. My relationship with Dr GRO-D which is not unduly close, would have been of no relevance. In any case, no transfer to Liverpool was arranged, since he transferred back to Basingstoke - see WITN12131003.

8. At Paragraph 10 of his witness statement (WITN1231001), witness W1231 states that Manchester started him on Dihydrocodeine, and failed to monitor it, resulting in addiction. In fact, his Dihydrocodeine dependency dated back to

the early 1990s, several years before he came under our care. Analgesics are prescribed and monitored by the GP. We would have actively avoided prescribing opiates to a patient with witness W1231's history because his dependency was known and dependency may lead to associated manipulative behaviour, especially if two groups of clinicians are prescribing opioids simultaneously to the same patient. We were not in a position to monitor his analgesics use since he was not particularly compliant with formal follow-up.

9. At paragraph 17 of witness W1231's statement he states: *"Vials of blood have been taken from me on many occasions without adequate explanation. I recall that when Dr Hay stopped my home treatment, he said he needed to take blood tests every couple of weeks to keep an eye on my platelets. I do not know what that meant as I had no feedback."*

10. Witness W1231 claims that he was only informed of his Hepatitis C status in 2002, in Basingstoke. This is incorrect. He was regularly monitored for liver disease over many years and underwent an unsuccessful attempt to eradicate the virus in Liverpool before transferring his care to Manchester. Liver disease would have been discussed with him in both Liverpool and Manchester prior to his transfer to Basingstoke in 2002.

11. I am unable to pinpoint when exactly he was informed of his HCV status in Liverpool (though it was probably in 1992, when most patients were tested), because I do not have access to his Liverpool records, if they still exist, having not worked in that hospital since 1994.

12. Witness W1231 will have been monitored for liver disease, following failed eradication treatment, and his inhibitors would also have been monitored. He would have been told, when he came to clinic, what the results were. These tests had been conducted for many years. A detailed and repetitive explanation was therefore not required. Had we tested for anything new, this would have been explained.

13. Witness W1231 states at para 17 of his witness statement (WITN1231001), that when home therapy was stopped his platelets were monitored. I have no recollection of this and think it is far more likely that his factor VIII inhibitors were monitored. This would have been explained to him at the time.

Section 3: Other Issues

14. None

Statement of Truth

I believe that the facts stated in this witness statement are

GRO-C

true. Signed

Dated: 25/8/2022