Witness Name: Professor Charles Richard Morris Hay
Statement No.: WITN3289197
Exhibits: Nil
Dated: 14/6/2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHARLES RICHARD MORRIS HAY

I provide this statement in response to a notification under Rule 13 of the Inquiry Rules 2006 dated 22 August 2022 in relation to the criticisms of Witness W0383.

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 already provided a copy of my Curriculum Vitae to the Inquiry.

Section 2: Responses to criticism of Witness W0383

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 December 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.

4. Witness W0383 makes various personal criticisms (paragraphs 45 and 46). I have cross checked my responses below against the medical records that we hold for Witness W0383. These comments were originally provided as a draft without relying on the medical records but having consulted the records, I do not wish to make any further changes to my statement.

5. I have no recollection of having met the witness in 2011 but do remember meeting him with his wife in the Joint Haematology-Obstetric service.

6. Witness W0383 lives in the GRO-B area but has chosen to remain under the care of the Haemophilia Centre in Sheffield. Whilst I understand the value that both doctors and patients place on continuity of care, particularly when they have built that relationship up over many years, from a logistic perspective this is not a very sensible arrangement.

7. The journey from GRO-B to Sheffield, by the quickest route GRO-B is in GRO-B but more than 75 miles GRO-B GRO-B If the witness has an emergency, the ambulance will take him to GRO-B or Manchester Royal Infirmary where nobody will know anything about him because we receive no correspondence from Sheffield.

8. Sheffield are not in a position to provide an emergency service for this witness and as such should either have arranged formal shared care or have transferred the patient, which is their usual practice when patients move to another part of the country. We are not proprietorial about our patients. When they move, we refer them to the nearest haemophilia centre so that they get the safest service. When they go to university, we arrange shared care with the haemophilia centre closest to their university. My six consultant colleagues and I are running the largest Haemophilia Centre in the United Kingdom and have no need to "poach" patients. Our only concern is for the patients' safety and the quality of care.

9. I understand that the patient has a right to choose where they receive their care. I have raised this issue with Witness W0383 when I met him when he accompanied his wife to the Joint Haematology-Obstetric service ten years after he moved into our area. He made it very clear that this was an unwelcome suggestion. I think it is unfortunate that he has taken this as a challenge to his right to choose rather than an attempt to enhance the arrangements for his ongoing care.

10. The witness does not appear to appreciate that when he presents to us with a bleeding emergency we know next to nothing about him even though he is a complex patient with a complex medical background. We receive no correspondence from Sheffield. This obliged us to start from scratch when we saw him and to ask him very basic questions, which his statement suggests that he found patronising and irritating.

11. As such, I do not think the witness can reasonably judge the ethos of the centre or

my personal approach to patients, particularly since his interactions with the centre have been coloured by his various irritations, which he will have transmitted to those seeing him. He has never been formally transferred or had a normal haemophilia review in our centre.

12. Witness W0383 says that I wrote to Professor Makris "behind his back" and tried to "poach him". When I saw his wife for genetic counselling and to prepare a delivery plan, she told us that she had also been investigated by Sheffield for a bleeding disorder. I was therefore obliged to write to Professor Makris to get further details. I also took the opportunity to express my surprise that a patient with severe haemophilia had been living nearby for ten years without us being informed. I pointed out to Professor Makris that he could not provide the necessary emergency service from the other side of the Pennines. I also asked to be copied into correspondence so that we would be in a better position to manage him when he presented as an emergency. Any responsible clinician would write to the usual managing clinician to ask about this. This is such a matter of routine that consent is assumed. The patient lived close to the centre, and managing a patient without an adequate transfer throws up unnecessary risks and difficulties.

Section 3: Other Issues

13. None

Statement of Truth

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

Signed GRO-C

Dated 14/6/2023