Witness Name: Dr Paul Giangrande
Statement No.: WITN3311001
Exhibits: PG 01
Dated: 25th May 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR PAUL GIANGRANDE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated May 25th 2019.

I, Dr Paul Giangrande, will say as follows: -

Section 1: Introduction

1. Name, address, date of birth and professional qualifications:

Paul Leo Francis Giangrande dob GRO-C 1955
GRO-C Oxfordshire GRO-C
BSc, MD, FRCP (Lond., Edin. & Ire), FRCPath, FRCPCH

2. Please set out the positions you have held as a haematologist, the organisations in which you held these positions and your role and responsibilities in these positions:

Consultant haematologist at Oxford University Hospitals NHS Trust, based in the Oxford Haemophilia and Thrombosis Centre at the Churchill Hospital, from April 1st 1991 until my retirement on 31st May 2015. My primary responsibility was the clinical management of both adults and children with inherited bleeding disorders.

3. Please set out your membership, past or present, of any committees or Groups:

I was a member of the UK Haemophilia Centre Doctors' Organisation (UKHCDO) throughout my time in post in the NHS although I never held, or sought, senior elected office within that body. My primary engagement outside the hospital throughout my career was with patient organisations. I was honoured to be elected to the senior medical position within the World Federation of Hemophilia (WFH) for two consecutive terms from 2000-2008 inclusive. I was the first and only British physician to be elected to this position. I also served as Chairman of the Medical Advisory Group of the European Haemophilia Consortium (EHC) from 2013-2018 inclusive and I still continue to work with this organisation but in other roles.

Section 2: Responses to Criticism of Ms GRO-B

1. The one specific allegation which I have been asked to focus on is contained in paragraph 49 of Mrs GRO-B's statement:

> *Three weeks after my son's birth the nurse came to see me. She said I shouldn't be telling you this, (but I think she wanted to get one over on the haematologist) but after my son's Haemophilia diagnosis Doctor Paul Giangrande went back to the nurses and said, "Good, that's another one, we will get more funding."*

2. This is hearsay evidence, citing an alleged conversation with an unnamed nurse dating back twenty years. I have no recollection of any such conversation with a nurse after such a long time but this is an easy allegation to rebut as it is a fact that the Oxford Haemophilia Centre does not derive any increase in funding after the birth of a new haemophilic child. Put in simple terms, I would not have said the words attributed to me because they have no basis in fact. As evidence of this, I attach as Exhibit PG 01 a statement sent to me by email on May 24th 2019 by Mr Kevin Clarke, the current Clinical Unit Manager of the Oxford Haemophilia and Thrombosis Centre (who was in the same post throughout my years at the centre). This states:

> *"I can confirm that, to the best of my knowledge, the Oxford Haemophilia & Thrombosis Centre does not financially benefit from the birth of a child with haemophilia who is cared for and treated here at the centre."*

3. As background information, the funding for the centre at the time was through the Thames Valley Consortium, which represented five counties in our region. Before the start of each financial year, the Consortium put money aside within their organisation for the purchase of concentrate based on the previous year's usage. A smaller sum was added in to cover the cost of running the service (salaries, laboratory, utilities etc), based on costings provided by the Trust. All financial transactions for this block contract were handled by the Trust's finance department, who billed the Consortium on a monthly basis using information provided by the Haemophilia Centre about factor usage. Such a system in the NHS does not entertain the concept of profit. The Consortium paid only for the concentrate used as well as the real but fixed costs of running the haemophilia centre. If the volume of concentrate used within a given year was less than budgeted, the Consortium retained the surplus in full. The monthly bill presented to the Consortium for concentrate used might rise very slightly after the birth of a new baby (although any impact would be negligible, given that the annual concentrate budget was in the region of £8M), but the charge for our centre running costs would remain unchanged.

4. It is clear to me that there has been a misunderstanding somewhere along the line over the word "funding" in the words attributed to me. I have absolutely no doubt that any such reference would have been in the context of securing funding for Mrs

GRO-B's son GRO-B, to receive recombinant factor VIII, as is explained in greater detail in paragraph 5 below.

5. We in Oxford were one of the first haemophilia centres in the UK to start using recombinant factor VIII. The Thames Valley Consortium was generous and supportive of our desire to adopt the use of recombinant factor VIII but this policy had to be phased in gradually as the cost of these products was significantly higher than conventional plasma-derived concentrates. When GRO-B was born in 1999, we were in a transitional phase when only our youngest patients received these products. The Consortium needed to be notified of the birth of a child with haemophilia to secure agreement on funding for recombinant products and I am pleased to say that this was always forthcoming. I have absolutely no doubt that any discussions I had with our nurses on the topic of funding for GRO-B would have been about the need to quickly secure permission to enable GRO-B to receive the safer recombinant products and nothing to do with getting money for us. If the word "good" was used in any such conversation, that would have been to reflect the positivity I felt in being able to offer such 'state of the art' treatment to a new patient. It was only in the financial year 2004/05 that recombinant products became available to all patients in the UK.

6. In the light of the evidence cited above, which shows that the Oxford Haemophilia Centre does not gain financially from the birth of a new child with haemophilia, it becomes clear that Mrs GRO-B's subsequent comment in paragraph 49 that *"This showed me that haemophiliacs are seen by some as units to give them more money"* is entirely without foundation. In fact, my longstanding links with patient organisations (Section 1.3 above) provide strong evidence of my close and positive engagement as a volunteer with the patient community over many years and this continues in retirement.

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Section 3: Other Issues

None

Statement of Truth

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

GRO-C

Signed

Dated 25th May 2019

Table of exhibits:

Date	Notes/ Description	Exhibit number
24th May 2019	Statement provided by Mr Kevin Clarke, Manager at Oxford Haemophilia Centre	PG 01