

Witness Name: PROFESSOR AMIT NATHWANI
Statement No. WITN3767001
Exhibits: WITN3767002
Dated: 16 October 2019

INFECTED BLOOD INQUIRY

**WRITTEN STATEMENT OF
AMIT NATHWANI**

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

Section 1: Introduction

1. I, Professor Nathwani of the Royal Free London NHS Foundation Trust, Pond Street, London, NW3 2QG, will say as follows:
2. I am employed by the Royal Free London NHS Foundation Trust (the Trust) as a Consultant Haematologist since 1st November 2018. I was previously the Director of the Katharine Dormandy Haemophilia Centre from 1st November 2012 to 31st October 2018.
3. I qualified as Medical Doctor in 1984 and I am a Fellow of the Royal College of Physicians and the Royal College of Pathologists.
4. The information provided within this witness statement is based upon facts within my knowledge, save for where I have indicated the source of my information or belief. Where matters are not directly within my knowledge, I believe them to be true.

Section 2: Response to criticism of witness W1591

5. I have been asked to write this statement to respond to specific matters raised within the witness statement of Mr Mark Ward, dated 23 January 2019. In this statement I respond to the question raised by the Inquiry with regard to points made within in Mr Ward's statement. For the purpose of making this statement, I have reviewed Mr Ward's medical records.
6. I attach to this statement a supporting document which is relevant to the comments in Mr Ward's statement dated 23 January 2019. The exhibit number referred to in this statement in the form **WITN3767002** is a reference to the exhibit in that bundle.
7. At paragraphs 128 and 129 of his statement, Mr Ward describes a review meeting he had with me and another staff member at the Royal Free Hospital. He states that throughout the review he was constantly "provoked, spoken to with contempt, threatened and the information [he] provided was argued against." He also states that he was told that if he was unhappy with the way the review was conducted he could be transferred elsewhere. My comments upon this are as follows:
 - a. I confirm that I reviewed this patient as stated on 26 August 2014, when he attended his regular, prearranged, Multidisciplinary Team (MDT) Clinic review appointment. These MDT Clinics are the most effective way of managing patients with haemophilia.
 - b. This was the first time that I had met Mr Ward. Prior to that clinic appointment, we had had several discussions within the Haemophilia Centre and across the Royal Free Hospital regarding how the clinic review with this patient would be handled. This was mainly because there had been numerous

prior complaints made by the patient about the standard of care and the attitude of the staff both in the Haemophilia Centre and on the wards at the Royal Free Hospital.

- c. Prior to this meeting, there had been a series of threats against members of staff and because of concerns for the safety of the multi-disciplinary team and following advice from the Trust Security team, a member of Security staff was present in the Haemophilia Centre, but did not attend the consultation with Mr Ward, who had attended that day with his mother.
- d. As the newly appointed Director of the Centre, I took it upon myself to take charge of this clinic appointment to ascertain for myself what the key issues were. Also in attendance on that day, as part of the MDT Team, were Paul McLoughlin (Physiotherapist) and Debra Pollard (Senior Nurse).
- e. I started the consultation with Mr Ward by explaining that our intention was to provide him with the best possible medical care. The purpose of the MDT clinic review was explained to him. We explained that the MDT clinic review is designed to bring together numerous specialists so that we could provide a one stop review of all the main issues relating to haemophilia. We discussed in great detail the reactions that he had had to Factor VIII concentrate (ReFacto). We presented the option of changing to other alternative Factor VIII replacement therapies that were equally effective and safe. This did not appeal to Mr Ward.
- f. In addition, we had detailed discussions about joint pains, particularly in Mr Ward's right ankle as well as his metacarpal joints. The pain in these joints had persisted despite local steroid injections. I therefore offered Mr Ward an appointment to see the rheumatologists in case these were due to an arthritic component.
- g. Finally, we had a discussion followed by an examination of swelling in his feet associated with pins and needles. I wondered if this was due to a peripheral neuropathy and offered

to refer Mr Ward to a neurologist at the National Hospital for Neurology and Neurosurgery in Queens Square, London. This is amongst the best hospitals for neurological disorders in the country.

- h. At no time during this interview did I speak to Mr Ward with contempt or threaten him in any way whatsoever. In addition, we listened to Mr Ward's complaints and symptoms respectfully and provided clinical explanations. It was my impression that our responses were perceived by Mr Ward as us arguing against him. Mr Ward wanted the MDT clinic reviews to be organised for another day of the week. I explained that this would not be possible, due to the difficulties of organising all relevant team members to be available and at the Clinic at the same time, but that I was happy to review him outside of the MDT clinic on an ad-hoc basis.
- i. It was clear to me during the course of the consultation with Mr Ward that the relationship between staff at the Royal Free Hospital, including those in the Haemophilia Centre, and the patient had broken down. Mr Ward displayed anger and suspicion towards the team and, therefore, it seemed sensible to me that he was offered alternative medical support for his haemophilia from another haemophilia centre that was closer to where he lived. This would have the added advantage for Mr Ward of reducing journey times to clinic.
- j. I explained to Mr Ward that it was not my intention to 'get rid of him' but that this would help break the cycle of suspicion and anger, whilst continuing to provide him with the best medical care. Mr Ward was not happy with this offer so I arranged a review in 6 months' time. In addition, I informed Mr Ward that I would wait for his instructions prior to sending referrals to the rheumatologist and neurologist. The key features of this consultation were summarised in my letter to the GP, of which Mr Ward was also sent a copy (**WITN3767002**).

8. I have been a Consultant in Haematology for over 20 years. I have not received any complaints about my behaviour from any of my patients. It is not my style to speak to patients with contempt. It is also not my style to speak to patients in a threatening manner. I have a duty of care to try and provide an explanation for symptoms and complaints. I believe I am very respectful of patients' beliefs and I am committed to working with patients to make sure that they get the best medical care.

Statement of Truth

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

Signed: GRO-C

Date: 16/10/19