Witness Name; Tracey Gillies
Statement No: WITN6932040
Exhibits: WITN69320141
Dated: 22 November 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF TRACEY GILLIES

I provide this statement on behalf of NHS Lothian in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 August 2020.

I, Tracey Gillies, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and professional qualifications**

   My name is Tracey Gillies, my date of birth is GRO-C 1966, and my professional qualifications are MBChB FRCS. My address is NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

2. **Please set out your current role at the Lothian Health Board and your responsibilities in that role.**

   My current role is as Executive Medical Director with consequent responsibilities and as Responsible Officer for NHS Lothian.

3. **Please set out the position of your organisation in relation to the hospital/other institution criticised by the witnesses (for example "NHS Foundation Trust ('the Trust') operates from Hospital X and Hospital Y (formerly Hospital Z)").**

   NHS Lothian is responsible for healthcare provision for the population of the Lothian area.

Section 2: Response to Criticism of witness W2261

4. **At paragraph 2.1 of witness W2261's statement, the witness states that the information regarding her brother's HCV infection "*was in his medical records for many years, but no one bothered to tell him".***

   I have access to the secondary care records from the hospital admissions in Lothian from 2010 onwards but not the GP records for this patient and my response is based on what I can see. The diagnosis of Hepatitis C, made during investigation of the patient's investigations in 2010, was not known or evident in any of his secondary care record prior to this. It is not mentioned in the history given for the X rays of his pelvis taken when he presented in July 2010 with spinal cord compression. I regret very much if this fact was known, but I have no evidence to suggest that it was. The diagnosis made during investigation of and inpatient treatment for the lymphoma is clearly marked "new diagnosis of Hepatitis C" and I have set this out in WITN6392041.

5. **At paragraph 5 of witness W2261's statement, the witness further states that her brother '*received the infected blood*' when he had a blood transfusion in 1986. She states that the information regarding her brother's hepatitis C lay in his records '*for many years*' but was never addressed and he was not informed of his diagnosis until 2010. Witness W2261 states that her brother must have been specifically tested for hepatitis C as it is not detected in routine blood tests.**

I have no evidence to support the view that this was a known diagnosis not shared with the patient. The discharge letter WITN6392041 after his admission between 20 August 2010 and 24th September 2010 states a new diagnosis of Hepatitis C as referred to in the answer above.

6. **At paragraph 7 of witness W2261's statement, the witness states that her brother was given very limited information about his HCV infection and was only told that it would affect his cancer treatment.**

I am very sorry if Mr GRO-B: B was only given very limited information at the time of the diagnosis in 2010. At the time he was extremely unwell with a very advanced high grade lymphoma and his initial round of chemotherapy needed the support of an admission to intensive care and the focus of the treating team will have been on the more immediate issues related to his lymphoma treatment.

7. **At paragraph 9 of witness W2261's statement, the witness states that her brother should have been given the information in 1986 as this would have given him the opportunity to seek treatment.**

I have been provided with information about the history of testing and treatment regimes for Hepatitis C by Dr A Bathgate, Consultant Hepatologist. In 1986 there were no tests available to diagnose hepatitis C infection. The first papers reporting the structure of the virus were published in 1989 and blood tests became available in 1991. The early therapies for hepatitis C infection involved interferon therapy with a success rate of 10%. Pegylated interferon and ribavirin therapy improved outcomes to around 50% success in the early 2000's. Interferon -free direct acting anti-viral trials in cirrhosis began in 2013 and rapidly became standard therapy thereafter with success rates of over 90%.

8. **At paragraph 13 of witness W2261's statement, the witness states that her brother was tested for hepatitis C in 1986 without his consent even though the information is in his medical records. She states, "*no one even tried to tell him*".**

I have no evidence from primary care records or from 1986 but I refer to the answer at point 7 above.

9. **At paragraph 16 of witness W2261's statement, the witness states she believes her brother was being tested for research. Witness W2261 states the hospital was fully aware he had hepatitis C and that "*they were investigating matters without his consent and then... just left him for over two decades*". The witness states that she has never received an explanation for why this happened. Witness W2261 states that her brother *was "robbed of all opportunity to get well and ultimately it did kill him".***

   Hospital clinicians were not aware until 2010 that he had Hepatitis C. I have no evidence that he was being tested as part of research or that a test had been undertaken previously.

10. **At paragraph 19 of witness W2261's statement, the witness states that in October 2012 her brother went for a scan however there was a delay in the results. Witness W2261's brother began to feel unwell but when his wife tried to get an earlier appointment, she was told they were too busy to see him. Witness W2261 states that this response was disgraceful and not something you should tell a cancer patient with concerns.**

    In between hepatology appointments, the patient was seen by the Haematology team for follow up of his lymphoma on 23rd August 2012 and 1st November 2012. An ultrasound was performed on 10 November 2012 and this referred to the MRI scan of the liver already arranged as the radiological next step required. I am not aware that there was any delay in undertaking this and I am sorry for any comments made that suggested a lack of care.

11. **At paragraph 19, witness W2261 explains that her brother's wife contacted Dumfries Royal Infirmary who requested the scan results**

immediately. They were told in Dumfries A&E department that the cancer had returned and was now terminal. Witness W2261's brother was given a few weeks to live but there was no explanation as to why the results had not been given and why he was not informed he was *'at death's door'. Witness W2261 describes this as 'a total lack of care'.*

12. **At paragraph 19, witness W2261 states that the Western General Hospital apologised for the delay in conferring the results and stated they would investigate but '*nothing ever came from this'*.**

13. **At paragraph 19, witness W2261 states that the consultant at the Western General Hospital told her brother and his wife that if the scan was picked up earlier, *'as it should have been'*, then he would have received treatment, but it was now too late. Witness W2261's brother died a few weeks later.**

I set out the chronology and findings of abdominal CT and liver MRI scans and the discussions based on these, informed by Dr Andrew Bathgate Consultant Hepatologist and Mr James Powell Consultant Hepatobiliary and Transplant Surgeon, drawn from the hospital electronic records.

The CT scan of the abdomen in July 2010 shows deposits of disease in the liver and these were confirmed on biopsies taken in 02 August 2010 to be deposits of lymphoma. The MRI scan of the liver taken in June 2012 did not show cancer. The scan of December 2012 showed very aggressive and advanced hepatocellular cancer.

Dr Bathgate has commented on the delay in receiving the MRI results taken in December 2012 which showed a very significant change in the appearance of the liver and showed extensive hepatocellular carcinoma, with no evidence of recurrence of lymphoma. It is not possible to determine why this result was not returned to Dr Bathgate other than by speculation. Dr Bathgate apologised for this delay in explaining the results when he saw the patient with his wife on 22nd January 2013 after his brief admission in Dumfries (DGRI).

The results of the December MRI were highlighted to the patient when he was an inpatient in DGRI and staff there contacted Dr Bathgate to discuss the result of the December 2012 MRI scan. I am not aware that the Western carried out an investigation as the scan was requested by the Hepatology team at RIE and the results should have been available to them. Dr Bathgate apologised to the patient and his wife for this.

Dr Bathgate has commented that he discussed the scan undertaken in December 2012 with Mr Powell, and there was a discussion at the hepatobiliary multidisciplinary team (MDT) meeting on 17th January 2013. Best supportive care was the recommended treatment option from the MDT at this time as sadly no other treatment could be given without undue complications. The advanced stage of the disease meant that curative treatment and palliative treatment with locoregional therapy such as chemo-embolisation was not possible. There was only one possible drug licensed for use (Sorafenib) but the view from the oncology team was that the use of this medicine would have been more likely to shorten the life of the patient and so it was not recommended. This was explained to the patient and his wife when they saw the oncologist on 31st January 2013.

Mr Powell and Dr Bathgate are both clear that the delay in explaining the MRI results to the patient in December 2012 was very regrettable and should not have happened but did not impact on any treatment options no longer being available

14. At paragraph 21 of witness W2261's statement, the witness states that the biggest obstacle her brother faced was not being told about his diagnosis.

I refer to my answers at para 5, 8 and 9 in which I explain that I have no evidence that the diagnosis was known earlier but not discussed with the patient.

Section 3: Other Issues

15. **If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please insert them here.**

None

Statement of Truth

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

Signed GRO-C

Dated 22 November 2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
24/09/2010	Interim discharge summary for admission	WITN6392041