Witness Name: Dr Chris Deighan
Statement No.: WITN7116022
Exhibits: WITN7116023 -
WITN7116025
Dated: 05/10/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR CHRIS DEIGHAN

I provide this statement on behalf of Greater Glasgow Health Board in response to the request under Rule 9 of the Inquiry Rules 2006 dated 10 June 2022.

I, Dr Chris Deighan, will say as follows:-

Section 1: Introduction

1. **Introductory paragraph to include your date of birth, address, occupation and employment history.**

   Name: Dr Christopher J Deighan
   Date of birth: GRO-C 1966
   Address: Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

   Qualifications:

   - MB.ChB.: University of Glasgow, 1989
   - MRCP : Royal College of Physicians, U.K. 1992
   - M.D. : University of Glasgow, 2000
   - FRCP : Royal College of Physicians, Glasgow, 2004

   Employment:

   - Consultant Nephrologist: NHS Greater Glasgow and Clyde April 2000 to date

- Deputy Medical Director: Corporate, NHS Greater Glasgow and Clyde May 2019 to date
- Chief of Medicine, North Sector, NHS Greater Glasgow and Clyde – June 2015 to May 2019
- Clinical Director, Renal Services and Centre for Integrative Care, Regional Services Directorate, NHS Greater Glasgow and Clyde – October 2009 to June 2015

Section 2: Response to Criticisms by W2118

2. **Please insert your response to the criticisms made by witness W2118, as laid down in the Rule 13 Notification sent to you on 18 March 2022.**

In my role as UK IBI lead for the Board I received the aforementioned Rule 9 Request of 10 June 2022. The criticisms made by W2118 are directed against the former Argyll & Clyde Health Board. That Board was dissolved as of 1st April 2006 with the areas it was responsible for being transferred to Greater Glasgow Health Board and Highland Health Board. I identified Professor Gordon Lowe, former Haemophilia Director at Glasgow Royal Infirmary and treating consultant of the witness, as the most appropriate person to consider and respond to the criticisms made. He has now done so and his response is below, in his own words. The criticism the Board has been asked to respond to is set out at page 10, paragraph 33 of the witness statement of W2118, which states

"I have faced difficulties obtaining treatment. At one stage I heard that there was a new Factor VIII treatment that was created by using recombinant methods. I realised that this would have no human blood involved and that meant no more risk of picking up a virus from blood. I was told by my consultant Professor Lowe that the treatment was not available to me because of the cost and my health board was only funding the treatment for children at that time. . I was desperate to get away from Factor VIII derived from human blood because of the risk of even more infections. Professor Lowe encouraged me to make direct contact with the Argyll and Clyde Health board to plead my case for funding as I did not want to take any more human blood derived treatment. I contacted the Health Board and told them that I was stopping taking the human derived blood products for my haemophilia

and that I was prepared to take the risk of bleeding to death or take on more joint bleeds to protest against their decision not to purchase the artificial treatment. This was a very stressful time as I had to personally fight for the funding. My joints greatly deteriorated around this period as I took less treatment than was realistically required to treat joint bleeds as with each infusion I had a fear of contracting further infections. The Health Board yielded and agreed to supply the treatment to all haemophiliacs. This caused me even more stress on top of how I was and I was close to having a breakdown because of this situation."

Response of Prof Gordon Lowe:

The Central Legal Office has asked me to respond, on behalf of Greater Glasgow Health Board, to a criticism made by patient W2118 in relation to the former Argyll and Clyde Health Board, concerning funding of his haemophilia care – specifically, replacement of human donor factor VIII concentrate by recombinant factor VIII concentrate (paragraph 33, page 10).

I have been sent the patient's copy case records between 1996 and 1998.

The Inquiry will know that commercial recombinant factor VIII concentrates were licenced in the UK in 1995. In Scotland and Northern Ireland, discussions that year between the Coagulation Factor Working Party (members - Haemophilia Directors, Scottish National Blood Transfusion Service, Scottish Office Home and Health Department) and Health Boards were commenced on the phased transfer of patients, which due to doubling of cost would have to be phased over the next several years. The Chief Medical Officer asked that a common policy be developed; that there should be a calculation of the volume, and costs, of recombinant product over the next three years; and that a meeting be sought with the Management Executive to discuss the best way forward.

An order of priority (based on viral safety, allergic reactions, and family considerations) was developed; and by 1996 funding was agreed, to be progressed by a National Consortium. Priority groups included previously untreated patients; patients who were hepatitis C negative; and patients who were not vaccinated against hepatitis A or B, or with absent or poor response to hepatitis B vaccination. This priority transfer was discussed with patients when they attended Haemophilia

Centres for treatment or review. Before the National Consortium was developed, funding for prioritised patients had to be requested from their Health Boards.

The case records show that Mr GRO-B was reviewed at the Glasgow Royal Infirmary Haemophilia Centre by myself and my Co-Director, Dr Isobel Walker, on 12 December 1995, then on 9 January 1996 (WITN7116023). My letter of 9 January summarises our discussions and actions (WITN7116024).

We agreed that Mr GRO-B 's treatment should change from human donor Factor VIII concentrate to Recombinant Factor VIII concentrate; as he was in one of the priority groups: being not immune to Hepatitis B despite repeated vaccinations. Dr Walker, as Consultant Haematologist in charge of the Royal Infirmary Blood Transfusion and Blood Products laboratory, was responsible for obtaining funding, and ordering, of all blood products and of the recombinant products which were to replace them. She investigated the availability of recombinant Factor VIII concentrates. We asked the Royal Infirmary Patient Services Manager and Business Manager to contact their colleagues in Argyll and Clyde Health Board requesting funding.

To expedite this request, on 9 January 1996 I telephoned Dr Lesley Wilkie, Director of Public Health, Argyll and Clyde Health Board, and we had a very helpful discussion. The Board agreed funding of Recombinate, and Mr GRO-B received his first test dose on 16 February 1996 (WITN7116023). That month, Mr GRO-B also started treatment of his hepatitis C with interferon therapy, at the newly established Joint Haemophilia and Hepatitis C Clinic, prescribed and monitored by recently appointed Consultant Gastroenterologist Dr John Morris (WITN7116023 and WITN7116024).

In summary, following national agreement in Scotland of priority group transfers to Recombinant Factor Concentrates, Mr GRO-B was promptly assessed at the Haemophilia Centre for transfer to recombinant Factor VIII concentrate; which was promptly funded by Argyll and Clyde Health Board.

Section 3: Other Issues

3. **If you hold evidence you consider may be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please insert here.**

   None.

Statement of Truth

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

Signed GRO-C

Dated 05/10/2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
25/11/95 to 25/4/96	Case record notes	WITN7116023
09/1/96	Letter to Dr Lesley Wilkie and colleagues, Argyll and Clyde Health Board, and general practitioner	WITN7116024
14/02/1996	Letter from Dr John Morris to GP	WITN7116025