Witness Name: Dr Pamela Johnston
Statement No.: WITN7142015
Exhibits: None
Dated: 14/08/2023

**INFECTED BLOOD INQUIRY**

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**WRITTEN STATEMENT OF DR PAMELA JOHNSTON**

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I provide this statement on behalf of NHS Tayside Health Board in response to the request under Rule 9 of the Inquiry Rules 2006 dated 25 October 2022.

I, Dr Pamela Johnston, will say as follows: -

## Section 1: Introduction

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

   Name: Dr Pamela Johnston
   Address: NHS Tayside Headquarters, Ninewells Hospital, Dundee, DD1 9SY
   Date of birth: GRO-C 964
   Professional qualifications: MBChB, FRCA

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

   - Medical Director – NHS Tayside

- UK IBI lead for NHS Tayside

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

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

## Section 2: Response to Criticisms by W3797

4. **The criticisms I have been asked to address are:**

   **Paragraph 41**

   **This was followed by another letter from Dr C.R. Pennington, Consultant Physician at Ninewells Hospital, dated 14 December 1988 (produced as Exhibit WITN3797011). Dr Pennington confirmed Dr Tregaskis' findings from the endoscopy that there was 'evidence of generalised gastritis and duodenitis' for which I should receive a short course of H2 antagonist. Again, these findings were not communicated to me, and the H2 antagonist was not prescribed.**

   **Paragraph 42**

   **I had suffered continuously with the excruciating stomach pains throughout this time, and I am frustrated and angered that I was not informed of the endoscopy findings. Some two years later, I had another endoscopy as the symptoms continued to dominate my life. I remember thinking that if this is how my life is, I would rather be dead. Again, I was not informed of my diagnosis and I was not prescribed any medication to alleviate the pain.**

In my role as UK IBI lead for the Board I received the aforementioned Rule Request of 25th October 2022, I identified Dr James Cotton, Operational Medical Director, as the most appropriate person within our organisation to consider and respond to the criticisms made in paragraphs 41 and 42. He has now done so and his response is set out below in his own words.

**Response of Dr James Cotton**

I am Dr James Paul Cotton, MBChB FRCP (Edin), I am the Medical Director (Operational Unit) for NHS Tayside, and I have been a Consultant Gastroenterologist in NHS Tayside since 2006.

I have been asked to provide comments relating to "significant criticisms "contained in paragraph 41 and 42 of exhibit WITN3797001 – 031. I have been asked to comment on what would have been expected to have happened at the time.

I have been advised that NHS Tayside Medical Records from 1997 to 1990 were destroyed in 2005 in line with NHS Tayside retention policy and as such I have not been able to review these records.

I have reviewed records provided by the witness W3797 pertaining to paragraphs 41 and 42 (WITN3797008, WITN3797009, WITN3797011, WITN3797010)

a) WITN3797008: This document is of poor quality and not all of the writing is fully legible and not a complete scan of the records. This document is an Accident and Emergency record card 88/32524 for witness W3797, date of birth GRO-B 1972 GRO-B from September 1988 (Day not clear on record), it is not clear which hospital this pertains to. It states that he presented with a three-week (3/52) history of abdominal pain.

b) WITN3797009: is a clinic letter written by a Dr BF Tregaskis, dated 7th November 1988 for witness W3797, date of birth GRO-B 1972 GRO-B

to witness W3797's General Practitioner Dr GRO-B The letter describes a clinical history of intermittent abdominal pain for two years duration, the physical examination was reported as normal and that blood tests were to be taken and an endoscopy (camera examination of the oesophagus, stomach and duodenum) to be undertaken.

c) WITN3797010: is a clinical letter written by a Dr BF Tregaskis, dated 6th December 1988 for witness W3797 Date of birth GRO-B 1972 GRO-B to witness W3797's General Practitioner Dr GRO-B The letter communicates the findings of the endoscopy to Dr GRO-B with a recommendation to prescribe a course of medication called a H2 antagonist (a medication to reduce stomach acidity). The letter advises that Dr Tregaskis will arrange a further clinic appointment, and if recurrence of symptoms when not on an H2 antagonist to be referred for a further endoscopy.

d) WITN3797011: is a clinical letter written by a Dr C. R Pennington Consultant Physician, dated 14th December 1988 for witness W3797 date of birth GRO-B 1972 GRO-B to witness W3797's General Practitioner Dr GRO-B It advised Dr GRO-B that W3797 failed to keep his clinic appointment. The correspondence reiterated the clinical findings of the endoscopy and management plan as outlined in WITN3797010.

Comment on Para 41: Standard practice at the time would be to communicate results and management plan with the referring GP, for communication to the patient and ongoing management, in addition it would be standard practice to arrange a secondary care follow up appointment to assess response to treatment and communicate any outstanding results to the patient. From the documents provided there is evidence that there has been communication to the general practitioner and a clinic appointment made for secondary care follow up. There is evidence that the patient failed to keep this appointment. I have not had records from the general practitioner, if they are in existence to review.

Paragraph 42, I have no record of a second endoscopy and cannot comment on this matter.

**Paragraph 68**

**I submitted a complaint to NHS Tayside on 30 April 2019, and on the 01 May 2019 received a letter from Dawn Harrison, the Complaints and Feedback Co-ordinator (produced as Exhibit WITN3797020). In this letter, Harrison stated that a complaint must be made within 6 months of the event you want to complain about, or within 6 months of finding out that you have a reason to complain, but no longer than 12 months after the event itself. This NHS complaints procedure was said to highlight 'the difficulties that the passage of time can make to the resolution of a complaint and the timescale for accepting a complaint.**

**Paragraph 69**

**An additional email dated 01 May 2019 from Kevin Scott of the Complaints and Feedback Team shows that gaining access to records, and the allegation that a medical records officer in NHS Tayside removed a letter from my GP records, were both under investigation (produced as Exhibit WITN3797021).**

**Paragraph 76**

**I submitted a formal complaint to NHS Tayside on 30 April 2019 (produced as Exhibit WITN3797027). I stated that during a surgical procedure at** GRO-B **in early 1980, I was infected with the HIV virus. Moreover, I submitted that attempts to obtain my medical records have been ignored, and that an officer under the control of NHS Tayside has removed a letter from my GP records that would prove I received a surgical procedure and blood transfusion in early 1980 at the** GRO-B GRO-B **. It is inexplicable why my files do not show that I had the**

**skin graft treatment for my ear reconstruction in early 1980 when they show all other treatments I received.**

NHS Tayside follows the model Complaints Handling Procedure 2017, which was developed by the Scottish Public Services Ombudsman.
Excerpt from the Complaints Handling Procedure 2017:

***How long do I have to make a complaint?***
*Normally, you must make your complaint within six months of:*

- *the event you want to complain about; or*
- *finding out that you have a reason to complain, but no longer than 12 months after the event itself.*

*In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why. If we decide that, because of the time that has passed since the incident occurred, we cannot consider your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to review our decision.*

My view is that Dawn Harrison of the Complaints and Feedback Team correctly followed the procedure.

**Responding to the criticism in paragraph 69:**

I am unsure what the criticism is. The correspondence from the Complaints Team clearly differentiates the out of time complaint from the concern regarding witness W3797's health records. The concern witness W3797's health records was passed to a senior manager in the health records department for investigation. This was the appropriate course of action.

## Section 3: Other Issues

5. **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 14/08/2023