

Witness Name: John Logan  
Statement No.: WITN7451013  
Exhibits: WITN7451007-012  
Dated: 06/02/2023

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF JOHN LOGAN**

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I provide this statement on behalf of Lanarkshire Health Board in response to a request under Rule 9 of the Inquiry Rules 2006 dated 4 August 2021.

I, John Logan, will say as follows: -

#### **Section 1: Introduction**

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

My name is John Logan. My address is NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB. My date of birth is GRO-C 1962. I am a medical doctor and my professional qualifications are MB, ChB; DRCOG; MRCGP; MPH; MFPHM. My General Medical Council registration number is GRO-C.

- 2. Please set out your current role at NHS Lanarkshire and your responsibilities in that role.**

I am a consultant in public health medicine in the NHS Lanarkshire Directorate of Public Health and I am the NHS Lanarkshire lead public health consultant for blood borne viruses. I have been employed by NHS Lanarkshire in this role since 1999.

3. **Please set out the position of your organisation in relation to the hospital/other institution criticised by the witness/s (for example ‘ABC NHS Foundation Trust (“the Trust”) operates from Hospital X and Hospital Y (formerly Hospital Z)’).**

Lanarkshire Health Board is responsible for healthcare provision for the population of the Lanarkshire area.

## **Section 2: Response to Criticism of W2673**

A thorough search for medical records held by NHS Lanarkshire for the patient has been undertaken. The search findings were that medical records for the patient were destroyed in 2010, in keeping with medical records retention policy at that time, and that no records for the patient are held by NHS Lanarkshire and available for review.

### **Responses to questions 1 to 5 of the Rule 13 Notification:**

The response to questions 1 to 5 of the Rule 13 Notification are prefaced by the following comments:

NHS Lanarkshire seeks to provide the best available care to patients and carers using available resources. The approach to providing patient and carer centred care has developed significantly in recent years with all members of staff being involved in contributing to assuring the quality of care provided and taking a continuous quality improvement approach. In NHS Lanarkshire the approach to quality assurance and quality improvement is managed by a programme that is embedded across the organisation which is called the Lanarkshire Quality Approach.

Copies of the following documents are appended to this response:

- NHS Lanarkshire Quality Strategy 2018-2023 (WITN7451007)
- NHS Lanarkshire Quality Strategy Implementation Plan 2022/23 (WITN7451008)

- Annual report (2021-2022) on feedback, comments, concerns and complaints (WITN7451009)
- The Healthcare Quality Assurance and Improvement Committee (HQAIC) toolkit – this includes details of the terms of reference of this committee and the committee structure (WITN7451010)
- Care opinion (What's your story?): Annual Review of stories told about NHS Scotland Services in 2021-2022 (WITN7451011). NHS Lanarkshire promotes Care Opinion, monitors the stories, shares these with members of staff, monitors feedback and reports on this work to the corporate management team. The Annual Review includes details of each NHS Board.
- An SBAR report on the development of the NHS Lanarkshire Quality Strategy 2023-2028 (WITN7451012). This includes an updated info-graphic which summarises the aims of the quality strategy and is being used to promote engagement with the development of the new strategy. The new strategy will involve greater provision of information about the quality strategy on the NHS Lanarkshire public website.

Further information is available from the Quality Directorate by emailing:

[lqa@GRO-C](mailto:lqa@GRO-C)

It is recognised that as well as having high level strategies and plans the delivery of a high quality service depends on the quality of relationships, interactions, communication and other aspects of treatment and care with every patient and their family and carers. Implementation of the quality strategy is closely monitored and reported to the executive directors of the corporate management team and to NHS Lanarkshire Board members.

It is acknowledged that the quality of care provided to patients and carers in the past may not have been of a satisfactory standard and if that has been the case regarding the care provided to the witness's brother and his family this is very much regretted. In the absence of any medical records for the patient the statement of the witness is taken at face value.

4. **At paragraphs 9 and 10 of witness W2673's statement, the witness explains that she does not believe adequate information was provided to her brother by the hospital. Witness W2673 states that she does not know the details but in her conversations with her brother she discovered he did not understand the impact, severity or life threatening nature of Hepatitis C. Witness W2673 states that he '*thought he would get a liver transplant and he would be fine*'. Witness W2673 believes that if the doctors had known about her brother's infection they should have informed him that he had the infection and of the risks. Witness W2673 explains she is uncertain this information was communicated.**

The statements in witness W2673's statement are noted. NHS Lanarkshire seeks to provide information to patients about their illnesses including what the cause of an illness may have been, the need for further investigation, treatment options, and the impact that an illness may have including if the impact may be severe or life threatening. Current practice is for clinicians, in particular doctors and nurses, treating and caring for patients with hepatitis C to provide patients with verbal and written information about hepatitis C and to answer any questions they may have about this infection. It is acknowledged that this may not have happened for witness W2673's brother. As medical records are no longer available it is not possible to review notes which may detail what information was communicated to the patient and how information was provided.

5. **At paragraph 21 of witness W2673's statement, the witness explains that her brother never had any treatment and was never offered any treatment for Hepatitis C. Witness W2673 states that her brother did not like going to the hospital because he '*felt dirty*' and he believed people were judging him for something that was not his fault as people would associate Hepatitis C with something that a drug user would be infected with.**

As medical records are not available it is not possible to review notes which may have detailed discussions and decisions made regarding treatment

options. It may be that witness W2673's brother never had any treatment for hepatitis C and was not offered treatment. However, the benefits and side-effects of treatment may have been discussed with the patient, and the option of monitoring the patient's condition and reviewing the need for treatment at review appointments may have been discussed. As hepatitis C treatment developed it was expected that later generation drugs would be more effective and have fewer side-effects so there was a clinical rationale for not starting every patient on treatment. Such an approach may have been taken for witness W2673's brother, however, there is no clinical record evidence to demonstrate this.

6. **At paragraph 25 of witness W2673's statement, the witness states that her brother was not supported by the hospital and was left with only family assistance in relation to a situation when her brother was admitted to hospital and a nurse refused to treat him.**

NHS Lanarkshire members of staff seek to provide the best care they can for every patient. It is regrettable that the account of the witness is that her brother was not supported by the hospital, that only family assistance was available and that a nurse refused to treat her brother. The experience of care received by patients and carers is sometimes different from the perception of the care provided to patients and carers by health care staff.

7. **At paragraph 32 of witness W2673's statement, the witness states that Hairmyers Hospital '*didn't bother*' with her brother, presuming that he was '*dirty*' and a '*drug addict*' so he didn't get the treatment he deserved. Witness W2673 explains that they didn't pay attention to the signs that her brother's liver was failing, so did not refer him to Glasgow Royal Infirmary for treatment until '*1 or 2 o'clock in the morning which was too late*'. Witness W2673 asserts that the hospital did not do much for her brother because the hospital was not coping and should have referred him earlier, which was the same response to his care her brother had received from the hospital previously. Witness W2673 explains that once her brother had passed away he was put straight into**

**a body bag that was labelled ‘toxic’ and the family were not allowed to see or have any access to him, which was ‘*incredibly distressing*’ for her mother. Witness W2673 states that the ‘toxic’ label was still present on the body bag when it was sent to the funeral parlour, which witness W2673 explains was ‘*upsetting and embarrassing*’.**

As with the response to question 6 it is regrettable that the witness has a memory that Hairmyres Hospital did not provide a high standard of care for her brother. Over the last twenty years, as part of the Scottish Government’s policies on sexual health and blood borne viruses, a significant amount of work has been undertaken to reduce stigma and discrimination associated with blood borne viruses, sexually transmitted infections, people who have particular lifestyles or habits such as injecting drugs, sexuality, gender, sex, race, age and disability. Education and training is provided for health and social care staff as well as programmes which are targeted at groups and the general population.

As clinical records are not available it is not possible to review notes of clinical assessments and clinical management decisions which may or may not have been made.

The account given of the management of the witness’s brother’s body when he passed away is also regrettable and this would not be the approach that is taken now if a patient with hepatitis C infection passes away. Members of staff seek to treat patients with dignity at all times, including when they pass away, and to be compassionate and caring to family members especially at a time of bereavement. It is particularly regrettable that the witness had the experiences which she states after her brother died.

- 8. At paragraph 33 of witness W2673’s statement, the witness states no psychological support or information was provided to her brother or their family. Witness W2673 believes that someone should have at least informed her mother and brother about what the illness involved and ‘*practical things that could happen*’. Witness W2673 explained that her brother believed he would be getting a liver transplant ‘*but then the***

***bubble just burst*** and that it would have helped the family if the hospital had explained what was going on and why her brother couldn't get a transplant. Witness W2673 states that it was very upsetting and nobody was providing the family with information.

The importance of psychological support has been recognised by NHS Lanarkshire and sessions of psychology were provided using funding which the Scottish Government allocated to NHS Lanarkshire as part of blood borne viruses funding, however, this service may not have been available to the witness's brother or it may be that he was not referred to this service.

The provision of information to patients and family members is a key aspect of good care and an issue which NHS Lanarkshire has sought to address through the provision of information packs for patients, leaflets, the development of web based materials and an ongoing education and training programme for members of staff.

The Lanarkshire HIV & Hepatitis website [www.lanarkshirehivandhepatitis.org](http://www.lanarkshirehivandhepatitis.org) provides information about HIV, hepatitis C and hepatitis B, how to make contact with services and links to other sources of information.

It is acknowledged that even with electronic sources of information and with better recognition of the importance of identifying and meeting patient and carer needs for information that sometimes communication and provision of information is not as good as it needs to be. To try to ensure information needs are met patients and carers are encouraged to provide feedback and comments on the care they receive, to express any concerns they may have and to make a complaint if they wish to. These are important aspects of efforts to continually improve the quality of care provided.

### **Section 3: Other Issues**

**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.**

Should the witness wish to meet with me and a member of the NHS Lanarkshire quality directorate to talk about her witness statement and the current approach to health care quality assurance and quality improvement, I would welcome the opportunity to arrange a meeting at a place, date and time that is convenient for her.

**Statement of Truth**

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

Signed

GRO-C

Dated 06/02/2023

**Table of exhibits:**

Date	Notes/ Description	Exhibit number
May 2018	NHS Lanarkshire Quality Strategy 2018-2023	WITN7451007
07/10/2022	NHS Lanarkshire Quality Strategy Implementation Plan 2022/23	WITN7451008
27/06/2022	Annual report (2021-2022) on feedback, comments, concerns and complaints	WITN7451009



Feb 2022	The Healthcare Quality Assurance and Improvement Committee (HQAIC) toolkit	WITN7451010
2021/2022	Care opinion (What's your story?): Annual Review of stories told about NHS Scotland Services in 2021-2022.	WITN7451011
September 2022	An SBAR report on the development of the NHS Lanarkshire Quality Strategy 2023-2028.	WITN7451012