

Witness Name: Colin McKay
Statement No.: WITN7699001
Exhibits: NIL
Dated: 05/06/2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF COLIN McKAY

I provide this statement on behalf of NHS Greater Glasgow and Clyde in response to the request under Rule 9 of the Inquiry Rules 2006 dated 20 February 2023.

I, Colin McKay, will say as follows: -

Section 1: Introduction

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

Name: Colin McKay

Date of birth: GRO-C 1964

Address: Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

Qualifications:

- MB.ChB.: University of Glasgow, 1987
- FRCS (Glasg) :.1991
- M.D. : University of Glasgow, 1996
- FRCS (gen-surg) : 1998

Employment:

- Deputy Medical Director: Corporate, NHS Greater Glasgow and Clyde: April 2023 to present

- Chief of Medicine, North Sector, NHS Greater Glasgow and Clyde: May 2019 to April 2023
- Deputy Chief of Medicine, North Sector, NHS Greater Glasgow and Clyde: May 2018 to May 2019
- Clinical Director, Surgical Services North Sector NHS greater Glasgow and Clyde: May 2017 to May 2019
- Honorary Professor, School of Cancer Sciences, University of Glasgow: August 2017 to present
- Consultant Pancreatic Surgeon, Glasgow Royal Infirmary: December 1998 to Present

Section 2: Response to Criticisms by W5721

2. NHSGGC has been able to identify case notes and associated laboratory results for this patient covering the episodes of care provided at the Victoria Infirmary between 2006 and 2009, including the procedure notes for the liver biopsy which took place in 2007.

The criticisms I have been asked to address are:

Paragraph 102

'She had a biopsy in Victoria Infirmary at some point. It caused problems. Victoria Infirmary was very old, it was a Tuberculosis hospital. People used to say you could see and hear the rats running around inside. It was pretty awful. She went in for her biopsy but they kept her hanging around. Eventually, they took her into a store room, with old files and dust everywhere. They wheeled in a set of surgical tools and they did the biopsy. They put the needle in, and as they took the biopsy she had this huge pain. She was screaming and in spasms. This was all happening in what was no more than a cupboard! They called another surgeon in and he looked at what they'd done and said, "You have to get more". The first surgeon said he wouldn't do it. The two of them had an argument right there in front of Lesley!'

Paragraph 103

'This was all in this non-sterile environment. She was conscious and screaming in pain. Then they wheeled her out in the corridor and left her there. I was allowed to visit an hour later and Lesley was still biting her lip, trying to stop herself crying out in pain. She said that they hadn't given her any pain relief. I questioned what was going on and the doctor said, "Alright, she can have some morphine". It was another half hour until they came with it. It's appalling how people were treated. There was never any apology or admission that what happened may not have been the right way.'

NHSGGC would wish to provide a combined respond to the criticisms made in Paragraphs 102 and 103.

A liver biopsy was carried out on the patient in the Victoria Infirmary on 26 September 2007. This was performed under ultrasound guidance and was performed in the designated Ultrasound room within the Radiology department. This room was used routinely for both inpatient and outpatient procedures, but would not have looked like an operating theatre.

A liver biopsy needs to be performed with sterile biopsy needles following cleaning and disinfection of the skin. The procedure itself needs to be sterile, but the surroundings do not have to be kept at the level of an operating theatre. From the notes it is evident that this was performed as a single attempt to achieve a small, but adequate, piece of tissue. There is no documentation of any dispute between operators, the only comment being that no further biopsies were taken due to the patient experiencing pain. The biopsy, although small, was certainly adequate for the pathologists to be able to make the pathological diagnosis.

In relation to the criticism on lack of pain relief, there is reference in the ward notes about the patient needing pain relief, a review to be made by the ward doctor, and morphine being administered for a period of 25 minutes.

NHSGGC regrets that no further information is available to provide a fuller response and apologises to the witness and the patient if they felt the care received during this episode was less than adequate. Whilst the surrounding environment was of no detriment to the procedure, NHSGGC acknowledges that this should have been explained to the witness and patient at the time if it was raised as a concern.

Paragraph 104

'During all the hospital stuff beforehand, Lesley was treated appallingly. On one occasion, after the HCV and prior to the cancer, she went in to the GP and he said he couldn't give her anything but codeine.'

From examining the many clinical notes regarding the care of the witness's wife, it is clear that she had complex medical needs which required different medications that could cause a range of side effects. This led to medical staff being cautious about the dosage of drugs they could prescribe for her ongoing pain whilst not adversely affecting her liver. This is a difficult balance as many drugs are metabolised in the liver and this can mean that drugs can have an adverse effect on the course of liver disease.

It is noted, however, that the patient was prescribed a number of pain relieving drugs over the many years she was cared for at NHSGGC. This also included homeopathic medicines. The case notes show that Dr Mills, the most senior consultant in liver disease at the time, was often asked for his opinion of drugs that could be prescribed to the patient by Consultants in other specialties. It is clear that clinicians were trying to find solutions which would not cause additional harm to the patient.

Paragraph 105

'Another time, Lesley was admitted to Victoria Infirmary, and this was a different time to the biopsy in the cupboard. I was incredibly busy running a wedding and I had to leave her. She had head pains. I went in the next day and she said they wouldn't help her get to the toilet nor let her use the

phone. She had said she was going to drag herself to the toilet and they let her do just that. No assistance. She couldn't get through on the phone and they said, "It's your problem." She was in there for 2 days. She called me and told me they wouldn't deal with her. Three different doctors came to see her, but none of them ever had any notes. She would describe the headache and symptoms and they would take a note and leave. She heard nothing back. The nurses were treating her terribly. Another patient lent her their phone. I phoned a friend who was a surgeon and he said we could wait for a specialist to come round but it was the weekend... I went in and Lesley asked if I could get her to the toilet as she was getting no help. Her bed was covered in sweat, it was as though someone had thrown a bucket of water on it. They gave her two Paracetamols for her pain, despite the fact they must have been aware of her past prescribed pain medication for her HCV symptoms.

Paragraph 106

The nurses were just offensive. They were so dismissive. I said, "That's it, I'm taking her out." On our way out, I asked a nurse exactly why this was happening. She said, "Well they think she's suffering from codeine withdrawal". They thought she was a codeine addict! So they were trying to get her off it and that was their justification for the standard of care she received. As we left, we could hear the swearing and general abuse directed at us. I don't think it was to do with the HGV itself although you do wonder if it was a factor in their not wishing to help with personal matters.'

NHSGGC would wish to provide a combined respond to the criticisms made in Paragraphs 105 and 106.

From examining the patient case notes, it is apparent that the underlying diagnosis on this occasion was a urinary tract infection and antibiotics had been started. Several doctors did see the patient as they were concerned that this was a second

admission within a short period of time, with very similar symptoms, and they were seeking to ensure they had the correct diagnosis. The nursing notes do not describe any issues with care/mobility or toileting. NHSGGC can only apologise that the witness and patient felt that they did not receive the required standard of care during this episode.

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

05/06/2023