

Witness Name: Royal Free Hospital (Dr Sanjay Bhagani)

Statement No.: WITN7723001

Exhibits: WITN7723002

Dated: 2023-08-15

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR SANJAY BHAGANI

I provide this statement on behalf of the Royal Free London NHS Foundation Trust (the "Trust") in response to the notification under Rule 13 of the Inquiry Rules 2006 dated 20 October 2022 and the request under Rule 9 of the Inquiry Rules 2006 dated 10 May 2023.

I, Sanjay Bhagani of the Royal Free London NHS Foundation Trust, Pond Street, London, NW3 2QG, will say as follows:

Section 1: Introduction

1. I am employed by the Royal Free London NHS Foundation Trust ("the Trust") as a Consultant Physician in Infectious Diseases and HIV Medicine, a post I have held since 2003.
2. As Consultant Physician in Infectious Diseases and HIV Medicine, my responsibilities include care of inpatients and outpatients referred to our departments, supervision, mentoring of junior doctors within our departments and undergraduate/postgraduate teaching.
3. I have been asked to write this witness statement on behalf of the Trust to respond to certain criticisms raised in the witness statement of W3395 dated 24 July 2019 in which the witness raises criticisms regarding the care he received by the Trust.
4. For the purpose of preparing this witness statement I have reviewed the records held by the Trust in relation to W3395 and provide this statement on the basis of those records. I

had no personal involvement in the care provided to W3395. Where matters within this statement are not directly within my own knowledge, I believe them to be true.

5. The inquiry has requested that the Trust respond to the following comments made by W3395 as follows:

- a. Paragraphs 23
- b. Paragraphs 47

6. I attach to this statement exhibit **WITN7723002**. These are extracts from the Trust's records detailing various aspects of W3395's care which are relevant to the criticisms made in his statement.

Section 2: Background

7. W3395 was diagnosed with HIV in around 2002 and he believes he acquired HIV following a blood transfusion at Leicester Hospital in the late 1980s.
8. W3395 received treatment at the Trust between 2005 and 2021.

Section 3: Response to Criticisms of W3395

9. At paragraph 23 W3395 states:

"Not long ago, it was mentioned in the media that the RFH had retained samples of blood given to them by several patients over the years and were testing them for research purposes. This was without our knowledge and consent. As a result, and only after it had become public knowledge, the RFH issued letters to their patients asking them for formal consent that we were happy for them to use our blood samples for the purposes of research."

10. From my review of W3395's records I cannot see that he was ever enrolled in a clinical trial or clinical study and it would follow that none of W3395's blood samples were tested for anything other than routine, monitoring blood tests.
11. Aliquots of plasma used to test for HIV RNA are stored in the event that viral sequencing for resistance mutations needs to be completed if the viral load comes back as high/detectable so that so that an informed change in therapy can be made. Our current

policy is to store these specimens for up to 12 months at the Health Service Laboratory and no additional tests, apart from resistance testing, are carried out without patient consent.

Baseline resistance testing was carried out in 2005 and in 2008 just before anti-retroviral therapy (ART) was started. These were both routine tests on fresh specimens.

12. At paragraph 47 W3395 states:

“Using the list of batch numbers, I decided to fill out a complaint as I was advised by the NHS Business Services. Unfortunately, the RFH, who I am currently under for the HIV treatment, is silent on discussing this with me. They made false promises to give me letters confirming my diagnosis and my doctor, who I have been seeing for fifteen years, ignores me.”

13. I have been unable to locate a copy of W3395's complaint via the NHS Business Services, but this is because this may have been sent to Leicestershire Health Services, where the blood transfusions were received.

14. I unable to comment on W3395's specific criticism that the doctor who he had been seeing for fifteen years ignores him. I note that W3395's care has been led by three separate consultants since his transfer to the Trust's HIV services; two of whom have subsequently retired, and the third led W3395's care between 2018 and 2021 when his care was transferred back to Leicestershire.

15. Whilst I cannot find a formal request to W3395's doctors for a letter confirming his diagnosis, I note that a letter of support for adequate housing dated 26 August 2021 was provided by Professor Fiona Burns which confirms W3395's diagnosis and documents his comorbidities (please see **WITN7723002**).

Section 4: Other issues

16. At paragraphs 30 – 31 W3395 states:

“Prior to being prescribed antiretroviral medication for the HIV, the hospital initially wanted to wait until my CD4 count was at its lowest. All of a sudden this position changed and they said that it was best to start as soon as possible.

The hospital attempted to change all the antiretroviral drugs from branded products to generic ones in order to save costs. I had to beg them to put me back on the drugs I was comfortable with. The generic drugs did not agree with my body. Thankfully, I found a doctor at the RFH who was willing to listen and put me back on the drugs which worked for me. I believe this was the NHS's attempt at saving every penny they could."

17. Care for people living with HIV has evolved based on evolving evidence and the increasing safety of antiretroviral therapies (ART). Prior to the START trial, the consensus view from national and international guidelines was to wait until the CD4 count is at 250 or below before commencing ART. As such, W3395 started ART on 10th June 2008 when his CD4 count was below 200 for the first time. By 2015, the START trial clearly showed the individual benefit of receiving immediate ART, irrespective of CD4 counts. Subsequent studies have shown the Public Health benefit in terms of reducing the risk of transmission. Since the publication of the START trial, all patients were offered immediate ART.

18. In response to W3395's comments on the use of generic drugs, I note that NHS England commissioning guidance at various points has stipulated a switch to generic drugs when available and clinics were encouraged to do so. However, patient choice and the inability to take generic preparations, either because of side-effects of pill-burden were taken into account and a switch back to branded drugs was allowed, as was the case with W3395.

19. At paragraph 42 W3395 states:

"The hospitals still do not tell you what to expect and wait for the symptoms to happen. I was falsely led to believe that I would be okay for a very long time, but I have been sick all the time. A proper prognosis would have helped. I would like to have been told that my condition could potentially be as bad as it is now."

20. I am unable to locate any previous documented conversations with clinicians at the Trust or in Leicestershire around prognosis and discussions of potential symptoms and co-morbidities. I note that W3395 did see the Trust's Clinical Psychology team regarding means to cope with his diagnosis and ill health.

Statement of Truth

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

Signed

GRO-C

Dated 15th August 2023

Table of exhibits:

Notes/ Description	Exhibit number
Housing Application for W3395	WITN7723002