

Witness Name: Dr Geoffrey Willis

Statement No.: WITN7727001

Exhibits: WITN7727002 –

WITN7727008

Dated: 13/9/23

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR GEOFFREY WILLIS

I provide this statement on behalf of Churchmere Medical Group in response to the request under Rule 9 of the Inquiry Rules 2006 dated 13 July 2023.

I, Dr Geoffrey Willis, will say as follows: -

Section 1: Introduction

1. Dob GRO-C 1958 . Residing at GRO-C
2. I qualified 1982 MBBS and then since 1987 I have worked as a partner in Ellesmere Medical Practice and then Churchmere Medical Group when the practices merged over the last 6 years. I also have DCH, MRCGP and subsequently FRCGP qualifications . I am the senior partner in the practice and deal with complaints – this is my involvement in this case.
3. Some background: In 2017 as partners in Ellesmere Medical Practice we were asked for help by Dr Tim Lytle who was a partner at Bridgewater medical practice . He had had to absorb the patients from Claypit surgery in Whitchurch , due to retirements and was struggling to manage and realised his remaining partner was about to retire. We agreed to merge our practices so taking on additional 9-10,000 patients this was very stressful and difficult as lots of

existing staff left and many patients had unmet medical needs. We then had to cope with the Covid pandemic and the remaining practice in Whitchurch (Drs Clayton and Rodgers mentioned in the complaint) retired so that we had to absorb that practice too . None of the previous partners in Whitchurch remain in practice in the town.

4. From a practice of 7,700 that was well established and stable we found ourselves running a practice of 22,000 that had been 4 separate practices with only a few of the existing staff remaining . Developing the practice on 3 sites with a massive rural practice area has been challenging.
5. In late 2022 we were coping with staff sickness from Covid, very long hospital waiting times, long A+E waits and long ambulance response times . This was added to by a a Strep A outbreak and a nationwide lack of antibiotics. All of this meant that our administration staff were (and are) very pressurised and so we have had to prioritise clinical work over completing forms. This is regrettable but in very difficult times we and most practices are unable to do everything as quickly as we would like .
6. This context is important in understanding the complaint from Witness W7593.
7. I have personally met with Witness W7593 and his sibling to offer condolences and understand their complaints and look at how to create change. Where possible to educate staff and clinicians and learn lessons from this patient journey.

Section 2: Response to Criticism by Witness W7593

8. (11)and (18) in witness statement . Diagnosis was made by secondary care by the haematology Department Royal Shrewsbury Hospital Dr Cherian. There is a letter from 27th April 2020 outlining his explanation to Witness W7593's late mother. In that letter he referred to a colleague Dr Rye a hepatologist. Following that Witness W7593's late mother was contacted by the hepatology specialist nurse Sister Jeannie Williams letter outlines their communication at the hepatitis C diagnosis and discussed treatment options, disease progression.

Witness W7593's late mother felt very well in herself and so was reluctant to pursue this further letter to the practice and explained that she was given contact details to contact Sister Williams again should she change her mind. The letter suggests that a follow-up appointment was going to be made here later although I cannot find a letter relating to this.

9. From the GP perspective he felt it was her diagnosis possible treatments had been discussed by a member of the specialist team and follow-up arrangements appear to have been made.
10. Taken in the context of her declining to have haematology follow-up and there was no reason to feel she did not have capacity, so the practice simply arranged follow-up blood tests.
11. (16) regarding her blood tests . She registered with Dodington practice in 2010 there was a previous mildly abnormal liver test in 2009 but we have no records relating to this as it was done elsewhere . Witness W7593 mentions an exclamation mark 'written on the records' This is simply a computer generated mark for a blood result that is out of range . A single isolated raised liver enzyme as it was at that stage is rarely remarkable but she was brought in to discuss and examined and a liver ultrasound arranged. There is a consultation with Dr Clayton on 29/6/12 where the results were discussed and Witness W7593's late mother declined further investigation . The most likely cause was felt to be alcohol over many years (I am merely quoting from the records here) She also had a high BMI which might have led to fatty liver .
12. Her liver tests and platelets were checked several times over the years and she was brought in for examination and review (2016 advice from haematology sought, seen in practice regarding liver tests 30/11/18) her liver tests had remained stable and there was nothing definite to find on examination . She was further reviewed in 2019 and her liver tests and platelets remained stable so there seemed no indication to investigate further . Her Hepatitis C was found by the haematology team doing a screen for liver problems as part of their work up and they were surprised that she turned out to have Hepatitis C .

13. She was referred to hepatology but at the beginning of the first wave of Covid 19 and further advice sought 25/3/20. Dr Clayton spoke to the patient on 7/4/20 and explained could cause future problems with liver failure but it is documented she still did not want further intervention. 23/9/20 she was spoken to again by her GP and the fact that the blood tests were slightly worse was again discussed and again the patient declined input from Hepatology as she felt fine. The GP pointed out that she could discuss with the Hepatology nurse and had her number but again she declined this.
14. So further investigation and possible treatment was discussed by the Hepatology specialist nurse and by her own GP Dr Clayton and the patient refused. It appears that the seriousness of the refusal was made clear to her.
15. I have reviewed her subsequent deterioration in her liver tests in 2022 the response to these was complicated by her large bleed following a routine polypectomy and her general deterioration was also complicated by the bleed she had. The GP practice can only do so much when a patient is admitted to hospital with an unusual bleed following polypectomy we might reasonably have expected the hospital to explore this further.
16. By the time she had deteriorated rapidly and developed ascites (fluid in the abdomen) it seems unlikely that any treatment would have been able to make a big difference in an 83 year old.
17. (27) In response to the criticism of our visiting clinicians - appropriate investigations were organised in terms of blood tests that could be arranged at home but the patient was very clear she did not want to go to hospital so further scans were not feasible. Referral / admission was offered but declined.
18. It is true that we weren't sure exactly why she had fluid overload – in hindsight this was due to liver failure but I think heart failure was considered as the symptoms at this stage can be similar. In any event the treatment at home is limited and we could only try to reduce the fluid overload with diuretics. Other treatment would have involved drawing off the fluid putting a large needle into the abdomen. In the context of someone who had a large bleed from a simple polypectomy clearly that would have been risky. Unfortunately she was

probably too ill to be able to benefit from treatment when she deteriorated after the bleed post polypectomy.

Section 3: Other Issues

19. Witness W7593's late mother was referred to Haematology for investigation of her Thrombocytopenia and as part of this investigation abnormal liver function tests were found and she was found to have Hepatitis C. She was referred to Hepatology for advice and treatment if required.
20. Witness W7593's late mother declined follow up by both Haematology and Hepatology.
21. Her Liver function tests gradually deteriorated but she remained well until she rapidly declined towards the end of her life.
22. A lot of the communication with the patient about Hepatitis C would normally be done by the specialist nurses in the out patients clinics of hepatology. It may be that more information about the infected blood enquiry and her rights / treatment options etc would have been given in that setting. Unfortunately the average GP cannot be expert in hepatitis C as this is usually done by specialist clinicians in secondary care with oversight by a consultant Hepatologist. I do feel that had the patient been reviewed regularly by Hepatology she would have been better prepared and better understood the condition, how it came about and her recourse to compensation if appropriate.
23. She was clearly able to make the decision to refuse further secondary care review and had capacity to make those decisions.
24. I also feel that if she had been under the specialist clinics it would have been more obvious to other clinicians dealing with her what was going on for example when she an unexpected bleed on colonoscopy.
25. In summary her GP practice followed her up and monitored her blood investigations, referred her for specialist opinion and made a number of

attempts to explain the potential for treatment and the possible outcomes if referral was declined . The patient had capacity and refused on a number of occasions.

Statement of Truth

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

Signed G.M Willis

GRO-C

Dated

13 / 9 / 23

Table of exhibits:

Date	Notes/ Description	Exhibit number
29.06.2012	GP Consultation Record	WITN7727002
25.03.2020	GP Consultation Record	WITN7727003
23.09.2020	GP Consultation Record	WITN7727004
07.04.2020	GP Consultation Record	WITN7727005
27.04.2020	Letter from The Shrewsbury and Telford Hospital	WITN7727006
14.04.2021	Letter from The Shrewsbury and Telford Hospital	WITN7727007
14.05.2020	Letter from The Shrewsbury and Telford Hospital	WITN7727008