Witness Name: Dr Rhona Maclean
Statement No.: WITN7730001
Exhibits: WITN7730002-9
Dated: 19 September 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR RHONA MACLEAN

I provide this statement on behalf of Sheffield Teaching Hospitals NHS Foundation Trust in response to the request under Rule 9 of the Inquiry Rules 2006 dated 18th July 2023.

I, Dr Rhona Murray Maclean, will say as follows: -

Section 1: Introduction

1. I am Rhona Murray Maclean. My professional address is Department of Haematology, Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF. My date of birth is GRO-C 1969 and my professional qualifications are MBChB, FRCP, FRCPath.

2. I am employed by Sheffield Teaching Hospitals NHS Foundation Trust as a Consultant Haematologist, specialising in Haemostasis and Thrombosis, and that includes patients with inherited bleeding disorders such as Haemophilia. I have been in post since 2003.

3. I am based at the Royal Hallamshire Hospital (where the Haemophilia Centre is located) and also support the care of patients in the other hospital sites (Northern General Hospital, Weston Park Hospital, Jessop Wing).

Section 2: Response to Criticisms by W7599

4. Criticism 1.1.1, Paragraph 16 and 17: In this paragraph witness W7599 raised concerns as to the information provided him about hepatitis C in 1993. W7599 was seen in the Haemophilia and Thrombosis Centre on 29th September 1993. On that visit he had blood taken to test to see whether he had been exposed to hepatitis C. It was documented that the implications of hepatitis C were discussed with him and it was arranged to see him again in 6 weeks to tell him the results of the investigations (Exhibit WITN7730002).

5. W7599 was seen for review on 3rd November 1993. It was commented that he had good immunity to hepatitis B and that his liver function tests were normal. It was also documented

that the test was positive for hepatitis C. It was also commented that whilst in the majority of patients this was indicative of ongoing infection, in a small number it is possible that they have cleared the infection. It was arranged for him to have a hepatitis C PCR test to see if there was ongoing infection. On 2nd March 1994 he was informed that the PCR test was negative, and that that could meant that he had cleared the virus.

6. W7599 was provided with information about hepatitis C, however it must be acknowledged that at that time there was very little information available regarding the natural history of hepatitis C, to assist healthcare providers in supporting patients. W7599 had consultations throughout the 1990s (and was offered additional ones) to monitor his liver, provide additional testing when it became available and to provide him with information regarding hepatitis C as it became available. He was given support by the medical staff and Haemophilia Nurse Specialists throughout that time.

7. I am very sorry that W7599 felt that the staff appeared to be blasé regarding his exposure to, and infection with, hepatitis C as that had not been the intention, and I am very sorry that this information sent him into a "tailspin" and that this still affects him considerably today.

8. Criticism 1.1.2, In response to Paragraph 21, 22 and 25: W7599 was seen in the Haemophilia Centre on 30th September 2011 with abdominal pain, loose stool and bleeding from his bowels. He was referred to Gastroenterology and had gastroscopy and colonoscopy, ileoscopy and subsequently a capsule endoscopy performed. He was seen by a Consultant Gastroenterologist who commented that the colonoscopy and gastroenteroscopy were normal, including the ileoscopy. The capsule endoscopy showed some tiny erosions in the terminal ileum. It was his professional opinion that "the pictures suggest that they are very minor, although there are a number of them". It was unclear to him whether this was due to Crohn's or whether it was a manifestation of a normal mucosal immune response. It was the opinion at that time that a 'watch and wait and see approach' should be adopted (Exhibit WITN7730003, Exhibit WITN7730004).

9. W7599 was in 2011 considered 'at risk of vCJD for public health purposes.' Local policy within STHFT, in line with national policy, was to destroy instruments (or quarantine for use on that patient only) should invasive endoscopic procedures be performed on an individual at risk of variant CJD for public health purposes. It was not the policy to avoid undertaking procedures should it be felt necessary for the clinical management of an individual patient (Exhibit WITN7730009).

10. It was recommended by the Gastroenterologist at that time that should W7599 have further GI symptoms, or there be other worries or repeated problems with anaemia, that we should re-refer him and he was discharged at that point from Gastroenterology (Exhibit WITN7730003).

11. In the subsequent years (between 2012 and 2017) W7599 was seen in the Haemophilia and Thrombosis Centre on a number of occasions. W7599 did not become anaemic throughout that period of time, however he did have a low ferritin on a number of occasions, in keeping with iron deficiency, for which he received iron supplementation. In the clinical correspondence between 2012 and November 2016 there was no documentation that W7599 had mentioned abdominal symptoms (Exhibit WITN7730005, Exhibit WITN7730006, Exhibit WITN7730007).

12. In June 2017 intermittent problems with stomach pain and altered bowel habit was documented and in September 2017 he re-presented with an increase in abdominal symptoms and bleeding. At that time, he was re-investigated and diagnosed with colitis (Exhibit WITN7730008).

13. On 26th September 2013 a letter was sent to W7599 informing him that he was no longer considered to be 'at increased risk of vCJD for public health purposes.' Information was provided to him explaining this, and that he did not need to inform doctors, dentists and other health professionals. W7599 returned a letter to the Haemophilia and Thrombosis Centre dated 11th October 2013, stating that he had read and understood the letter. He was offered an appointment to discuss this issue but declined that option.

14. On behalf of Sheffield Teaching Hospitals, we would like to take this opportunity to extend our deepest sympathies to the witness and acknowledge the significant impact this has had on their life.

Section 3: Other Issues

None.

Statement of Truth

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

Signed GRO-C

Dated 19th September 2023

Table of exhibits:

Date	Notes/ Description	Exhibit number
1980's – 1990's	Case note scans – Professor E Preston	Exhibit WITN7730002
May 2012	Case note scans - Dr ME McAlindon	Exhibit WITN7730003
4 October 2011	At risk for vCJD letter	Exhibit WITN7730004
2012 - 2013	Clinical correspondence	Exhibit WITN7730005
2013-2014	Clinical correspondence	Exhibit WITN7730006
2014 – 2016	Clinical correspondence	Exhibit WITN7730007
2017	Clinical correspondence	Exhibit WITN7730008
September 2008	vCJD Trust Guidance	Exhibit WITN7730009