

Witness Name: GRO-B

Statement No.: WITN7608001

Exhibits: WITN7608002 - 006

Dated: 29/5/2023

INFECTED BLOOD INQUIRY**WRITTEN STATEMENT OF** GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 02 February 2023.

I, GRO-B will say as follows: -

Section 1. Introduction

1. My name is GRO-B My date of birth is GRO-B and my address is known to the Inquiry. I live in the Midlands, and I am a self-employed GRO-B. I am one of five siblings.
2. I intend to speak about my late father, GRO-B who was born on GRO-B 1936 and sadly passed away on the GRO-B 1995 at the age of 59. He was infected with Hepatitis C ("HCV") as a result of receiving a blood transfusion following an operation in 1965. In particular,

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I will describe the nature of his illness, how it affected him and the impact on our family and our lives together.

3. I confirm that I am not legally represented, and I am happy for the Inquiry Team to assist with my statement. I wish to be anonymous for professional reasons.
4. The Inquiry Investigator has also explained the Inquiry's statement of approach and 'Right to Reply' procedure. I understand that if I am critical of a medical professional or organisation, they will have the right to reply to that criticism.
5. I am providing this statement on behalf of my mother, GRO-B, GRO-B because she is elderly. My mother and two of my brothers, GRO-B, GRO-B and GRO-B are contributing to the information provided within this statement.
6. I was a young child when some of the events recalled happened, so the information provided is what my family and I were aware of while my siblings and I were growing up.

Section 2. How Affected

7. In 1965, my father was due to have an operation to treat a hernia at Nottingham General Hospital, which is now closed. He had been ill for some time and his doctor believed that it was necessary for him to have this operation. Nottingham General had a long waiting list, so my father was transferred to a hospital in Mansfield for the operation.
8. The surgery seemed to go well and he was discharged to come home. However, the night after his return, one of the stitches broke open and he started to bleed profusely. An ambulance was called and he was taken to Nottingham General Hospital, where he collapsed on arrival.
9. I am aware that my father received a blood transfusion due to the amount of blood he lost, but I am unsure how many pints. I wasn't born yet and

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my brothers were still children at the time, but my mother recalls the police arriving at the family home to inform her that he had received a blood transfusion and would be kept in hospital for a few days. This was standard practice at the time.

10. My father remained off work for some time after the operation, but he returned as soon as he recovered and life carried on as normal.
11. During the 1970s, my father started to gradually become unwell and made several visits to the doctors. A number of investigations were taken, including blood tests and my father was diagnosed with high blood pressure. For a while, the main focus of their exploration concerned whether he had any issues with his blood sugar level.
12. My brother, GRO-B recalls that my father had to have a liver biopsy at the Queen's Medical Centre in 1981 because blood test results indicated that there was something wrong with his liver.
13. In hindsight, my father had never been a drinker, and so this should have been flagged as something abnormal, however it was not raised as an issue and so we did not hear any more of it.
14. Throughout the 1980s, there was a shadow of the complaint about his liver and as my father's health deteriorated further, he could no longer do the things he used to be able to do. For example, he could not walk very far.
15. My father had a persistent distended stomach, and my mother had to accompany him to the dietician. She was asked about his diet and he was advised against consuming salt. My father always had a sweet tooth, but my mother had to control what he ate from then on.
16. Towards the end of 1993, Professor John Savill became my father's primary consultant at the QMC.
17. In 1994, my father suffered another bout of high blood pressure and was readmitted to the QMC for about a week. During this stay, Professor

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Savill noticed an issue with my father's urine and asked if it was usually frothy. My father was embarrassed and said no, but my mother confirmed it to be the case.

18. Based on this information, Professor Savill recognised that there was an issue with my father's liver and carried out further tests, which confirmed that he had HCV.
19. My father was informed of the diagnosis at a face-to-face appointment. Usually, my mother accompanied him to his doctor's appointments, but she was not with him when he was informed of his HCV diagnosis.
20. My mother commented that she did not always go in with him to every appointment to help maintain his pride. However, she recalls attending several appointments with my father in the last two years of his life and especially after Professor Savill took over as his consultant.
21. My father was not a drinker and never used intravenous drugs. He never received medical treatment abroad, and the only way he could have contracted HCV was through the contaminated blood transfusion he received from the NHS in 1965 at the Nottingham General Hospital.
22. I exhibit, as **WITN7608002**, a letter dated 8 November 1994 from Professor Savill, in which he states that it was almost certain that my father contracted HCV from his blood transfusion in 1965.

Section 3. Other Infections

23. I do not believe that my father received any infection other than HCV due to receiving infected blood.

Section 4. Consent

24. My father collapsed on arrival at the hospital and was unconscious, so he could not have consented to the blood transfusion. However, it was

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necessary for him to have the transfusion because he had lost a lot of blood, and the transfusion was administered out of necessity.

25. I have no reason to believe that my father was tested or treated for the purposes of research without his full consent or knowledge.

Section 5. Impact

26. After my father was diagnosed with HCV, he could no longer work. His legs became very swollen, and if you pressed against the flesh, an indentation stayed there, which is an indication of liver failure.
27. My brother GRO-B recalls attending one of our father's appointments with him and my father being visibly disturbed as the medical staff labelled his blood samples with a hazard label. There was certain stigma attached to virus and my father was aware of it.
28. As a family, we were all concerned about my father's ill health and did not know the cause for many years. Professor Savill was the only medical professional who bothered to dig beyond the obvious to discover what was actually happening.
29. After the diagnosis, I think Professor Savill was astonished that my father was still alive, especially given how long he had been living with the virus.
30. From around 1981, the results of my father's liver function tests came back as abnormal, which spurred them to carry out a liver biopsy shortly after. The results of the biopsy confirmed that there was swelling on the side of his liver.
31. My father was always tired and often slept in the evening. Even from when we were children, I remember him sleeping a lot of the time. My mother initially put this down to him having a busy life with work and family.

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32. I cannot remember if my father looked jaundiced at any point. It would have been hard to notice because of his skin colour. For example, I had severe anaemia, which was hard to pick up because the colour of my skin meant I did not appear anaemic. I do not recall him ever having yellowing in the whites of his eyes.
33. By the time my father was diagnosed with HCV, my siblings and I had already moved out of the family home. I was living in London and working as an [GRO-B]. My parents never shared personal items such as toothbrushes and towels and so the risk of transferring the infection through this was not as big of a concern. Further, my dad was diagnosed in October 1994, and died in [GRO-B] 1995, so we were only aware of HCV for a short period of time.
34. My mother recalls that my father was always in pain, especially in the last several years. His legs and feet became swollen, and he struggled to walk in the lead up to his passing. My parents stopped going to church because it became difficult for him to move around.
35. A few weeks before my father passed away, in [GRO-B] 1995 [GRO-B] took my parents out for the day and was shocked by how unwell my father had become.
36. My father visited his sister around this time and even though he could hardly walk, he was still trying to drive sometimes. When he arrived, she had to help him get out of the car because his legs were so swollen.
37. It was at this point that his work advised him to leave on grounds of ill health. He had been working at [GRO-B] for almost forty years but was not yet due for retirement. My father wanted to remain at work because if he retired before 40 years, he would not be entitled to his full pension. He therefore took leave and was looking forward to making a recovery and returning to work, however, sadly he died before he could claim his full pension entitlement.

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38. Professor Savill trained at the QMC when he was a junior doctor before he travelled to America and worked there for a while. It was after his return to the UK that he became my father's consultant.
39. While going through his medical notes, and history, Professor Savill realised that he had seen Dad back in the 1980s when he was training, and he said from what he thought back then and knew about his case. He commented "You'd be pushing up daisies by now if you weren't being looked after" by my Mum.
40. After taking over my father's treatment and care, Professor Savill said he would contact some of his colleagues to find out what they could do regarding treatment for the HCV. However, by this time, my father's illness was too far gone.
41. In December 1994, Professor Savill advised Dad to enjoy a family Christmas and said they would discuss everything further at his next appointment.
42. I exhibit as **WITN7608003** a letter dated 7 December 1994, in which Professor Savill states that he had discussed with other experts, including colleagues in America, and they agreed that the treatment available for HCV presently would not alter my father's clinical condition.
43. In January, Dad seemed to deteriorate further and the options for treatment were no longer in discussion. I kept a journal and recorded my father's decline and visits to the hospital. I intend to summarise the contents in the following paragraphs.
44. *On 12 January, my parents went to the hospital for a general check-up. On 25 January, my mum called to say my dad was unwell. On 26 January, my dad seemed really weak and unwell. He complained about his stomach giving him trouble, "I think it's his swollen heart".*

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45. On 29 January, my dad called to say that he could not come and pick me up because he was really sick. By the time I arrived home, he had taken a bad turn. He was really hot and sweaty and said that he felt faint. He looked really ill. Myself [GRO-B] and [GRO-B] insisted that he go to the doctors. I did not sleep all night worrying about dad.
46. On 30 January, my dad visited his GP at our local surgery, [GRO-B] Practice. Most doctors who treated my dad at the Practice are now either retired or dead. His main doctor, Dr [GRO-B] was off so he had to see a different doctor. The doctor advised my dad to monitor his sugar levels twice daily, as it could help determine why he was having hot flushes.
47. I also wrote that my dad was now constantly talking about how sick he was. On 31 January, my dad had a blood test and the results were due the following Monday. On 6 February and 9 March, my dad returned to the GP, and they said his blood sugar levels were still erratic. On 16 March, my mum informed me that my dad was due to see his consultant at QMC the next day.
48. On 18 March, my dad's feet had become more swollen than before. The consultant said that dad's sugar levels had dropped briefly due to the virus.
49. On 23rd March, I recorded again that my dad's feet were still very swollen. Also he'd somehow done something which meant that his arms would no longer straighten. "Dad's just so ill, and it's been horrible for him."
50. Again on 26 March, "dad looks so ill and weak, he's just so weak. I hate seeing him like this. I wish he'd just suddenly get better".
51. On 27 March, I was in London and met up with my brother, and we discussed how ill my dad was. On 2 April, my dad's legs were still badly swollen, and I had to go away for work. I called and spoke to my dad on 11 April and he said he was feeling a bit better.

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52. On [GRO-B] my dad said he was feeling better since coming off one of his blood pressure tablets and that his legs had a bit more strength for a change. On [GRO-B] my dad also mentioned to [GRO-B] that his legs felt stronger for the first time in a long time.
53. My father died on [GRO-B] 1995, so this is where the diary entries stop. It was difficult to accept at the time because everything seemed to have happened overnight. He had begun feeling better, then all of a sudden, he was gone.
54. On the morning of the day my father died, he suffered a bad bout of diarrhoea and was in extreme pain. He said he would like a drink, so I put the kettle on and made him lukewarm tea and called the ambulance.
55. My mother, siblings and I accompanied him to A&E. My brother [GRO-B]'s friend, who is a doctor and was on the ward that day, pulled [GRO-B] aside to tell him that it was not looking good for our father.
56. His stomach was swollen like a balloon. It was awful. While we were waiting in A&E he was very distressed. He said he felt too hot, like a burning pain.
57. He seemed to go downhill from the moment we arrived at A&E. They admitted him and he was transferred onto another ward. I held my father's hand but he told me my hand was too hot. The doctor looking after him, Dominic Crossley seemed to be gesturing at other staff members, and we could tell it was not good.
58. My father's eyes were rolling, and another doctor, a woman, told my brothers to accompany my mum to a separate room so she could speak to us. The doctor explained that my dad had been ill for a long time and was not going to make it.

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59. It was clear that they were trying to prepare us, but we were in shock. GRO-B even asked to clarify if they meant "today?" Dr Crossley also said yes. None of us had arrived at the hospital thinking our father would die that day. He was transferred from the high dependency ward into intensive care and it was unbelievable how quickly it all happened.
60. It was GRO-B and the evening before, when my father's health seemed to be picking up. We had all had dinner, and GRO-B had come over with his daughter. My father had even discussed buying trainers so he could do some walking.
61. Dr GRO-B one of dad's doctors at the GP practice, made a remark to our local pharmacist that he could not believe that dad had died. The pharmacist spoke to my mum and said that Dr GRO-B thought he was on the road to getting better.
62. No explanation was provided about why my father's sugar levels kept spiking. They gave him a tablet for the sugar, then there was something about protein being in his urine. There was blood and protein in his urine, which led Dr Savill to the eventual HCV diagnosis.
63. My father was diagnosed with diabetes at some point, and for the most part, much of his illness over the years was attributed to diabetes. However, after his HCV diagnosis, no one informed us that diabetes could be linked to HCV.
64. My father was also diagnosed with renal disease, which was thought to be due to his diabetes. However, if HCV caused the diabetes, then following that train of thought, the renal disease would also be attributable to the HCV.
65. Even if tests were not available in the 70s and early 80s, I find it difficult to understand why he was not tested for HCV as soon as these became available. It certainly feels as though some negligence or malpractice

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occurred, because my father was having regular blood tests for more than a decade and the HCV was not detected during this time.

66. My mother recalls my father having multiple appointments booked well in advance after Professor Savill took over his case. After my Dad died, she attended the clinic to cancel his appointments and was informed by two clerks that Professor Savill's instructions were to cancel all future appointments (as he had been told he has died) . I do not know why he had to have all those appointments, but believe it was Professor Savill trying to help.
67. After my dad died, a post-mortem was carried out, and the report states that my dad was known to have cirrhosis since 1984. I exhibit as **WITN7608004** the two-page report dated **GRO-B** 1995, which confirms the above, and states that my dad's cause of death was "1 a Liver failure and b cirrhosis".
68. The report goes on to say that the major contribution to my father's death was advanced cirrhosis resulting in liver failure and voluminous, heavily blood-stained ascites. The doctor then states, "In my opinion, his death is due to natural causes".
69. How can this be described as due to natural causes if my father contracted HCV from contaminated blood, which caused the cirrhosis, which led to his liver failure?
70. I also find it strange that cirrhosis is listed on the post-mortem, but does not appear on my father's death certificate. These decisions were never discussed with us as a family.
71. If not for Professor Savill, I wonder if my father could have gone to his grave without knowing he had HCV. We would never have known what caused his ill health. It does not seem logical that my father was not tested for HCV until 1994. It feels like incompetence and makes my family and I wonder if there was a cover-up.

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72. Other than Professor Savill, who was also good at including my mother in discussions and not just my father, the doctors at QMC were not good at communicating what was happening or the purposes of any tests to us. However, we were always treated well.
73. It was a short period between my father's diagnosis with HCV and when he died. However, it was the 1990s and AIDS was still in the media, so we refrained from telling people outside of the family because of the associated stigma.
74. My father did not want anyone outside the immediate family to know, so we kept it to ourselves. Since Dad passed away, my brother, GRO-B has still kept it to himself because of the fear of stigma and to honour my Dad.
75. We could not get support because we did not tell anyone. If anyone asked, we avoided the reason behind his death. We said he had high blood pressure and diabetes. Cirrhosis is linked to alcoholism, so we would not have mentioned that either.
76. When my father was very ill, and on leave from work, one of his managers at GRO-B came to see him at home, and my father disclosed that he had HCV to his manager for the first time. After that, nobody at work came to see him.
77. My father was only 59 when he died. He had been looking forward to turning 60, receiving his pension, and paying the mortgage off. My father told me that when he was a young boy, he used to think 60 was old, but now that he was approaching 60 himself, he could see that it was nothing.
78. My father died too soon. He never got to meet many of his grandchildren. GRO-B has three children and Dad only got to meet one of them. She was sitting on my father's knee the night before he passed away.

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79. My father always wanted to go on holiday and was looking forward to going with the family once he felt better, but we did not get the chance to do so. It has been extra sad to observe my Mum go into old age without her husband and my seeing other friends parents enjoy their retirement together.
80. Dad has missed out on a lot of things. I was still in [GRO-B] when he died, so he never got to see me perform professionally. [GRO-B] graduated from university in July 1995, the year he died, so our father missed his graduation.
81. After my father died, we all went through a tough time and my siblings have expressed anger that he was taken away from us too soon. It has now been many years since our father passed away, but it has been hard come to terms with the fact that he died as a result of the contaminated blood scandal.
82. Not long after my father died, my brothers and I attempted to piece through what had happened. [GRO-B] and [GRO-B] contacted the GP and were told that they could come and view his medical records.
83. They were only allowed to look at the records in a room for an hour, and they were not allowed to request copies or take photographs of anything. Our father's GP, Dr [GRO-B] supervised them while they reviewed the records.
84. They described the experience as traumatic, locked in this small room, trying to figure out what happened to our father while not understanding and viewing all the material held about what had happened.
85. Recently, I attempted to obtain my father's medical records for the purposes of this Inquiry. I called The [GRO-B] Medical Practice to see if they held any medical evidence, and within an hour, they called me back to say that there were no records, as they had been destroyed according

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to their destruction policies. An email from the practice manager confirmed that all medical records are destroyed after 10 years in storage, in line with the NHS records retention policy. Please refer to exhibit **WITN7608005**.

86. I wrote to Professor Savill, (now Professor Sir John Savill) who now GRO-B and again he was very helpful. He suggested contacting the CEO at QMC and said that the hospital should have doctors' notes outside of my father's personal records.
87. Orlando wrote to the CEO of the QMC, but they replied in January 2023 to say that they no longer hold the information which we requested as in line with NHS policy, records are disposed 8 years after the death of a patient. Please see exhibit **WITN7608006**.
88. My brother GRO-B contacted PCP, the public body for medical records. Unfortunately, they have recently come back in a letter to say that there are no records remaining. It feels very sinister that no medical evidence remains.
89. I emailed the Blood Transfusion Service and was given a number to call. I spoke to Dr Anand and was informed they do not hold records of blood transfusions from the 1960's.
90. My father's death has had a massive impact on all of our lives in many ways, and long after his death.
91. I was suffering from really bad periods, and I was treating it with over-the-counter medication until my mother urged me to contact the doctors. That evening the doctor called me immediately to say that I was chronically anaemic and would require a blood transfusion because my haemoglobin levels were 6.4 and that if I fell down, I would not get back up again. I expressed that my father was given contaminated blood through a blood transfusion and refused to have a blood transfusion.

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92. Later, I discussed my low iron with a my gynaecologist at the QMC who said I should have had a blood transfusion. I explained I had refused to have a transfusion because of what happened to my father, so they did not push the matter any further.
93. My brother GRO-B was in his final year of university when my father passed away, and his exams were about two months after. He informed the university, but they did not believe him. He describes this as a horrible nightmare. They were not interested in showing any compassion or understanding towards him and he was not given any mitigating circumstances.
94. He had to endure eight weeks of torture trying to revise while grieving and sorting out details following our father's death. Although he passed his exams, which was good, he ended up getting lower grades than he expected in his degree, which has had an impact on him getting certain roles over the years. The grades he graduated with were definitely lower than he would have attained if our father had not passed away.
95. My mother's employers were a slightly more lenient and her boss even attended my father's funeral. Mum worked in community care, so it was quite close to home, watching people who were ill and receiving end of life care.
96. She went back to work after my father died and, for a while, primarily focused on working with elderly clients. However, after some time, it became too much for her to cope with and she ended up retiring early.
97. My brother GRO-B changed careers from working in a high-pressure environment as a financial advisor to something less stressful in the same year our father died. He found sorting out our Dad's finances after his death so traumatising it contributed to his choice to change careers.
98. I trained in London and intended to stay there to pursue my career, but after my father died, I decided to stay close to support my Mum.

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99. At the end of 1995, I began experiencing my first symptoms of GRO-B. When I was diagnosed, the doctors informed me that it is very common for people with GRO-B to have had a bereavement within a year of when they begin experiencing symptoms. Since then, I have tried to keep healthy and positive because I can fall ill if I am under any stress.
100. After our father died, we all asked whether we should be tested for HCV. We all had the same GP as our father, but she deterred us from undergoing a test for HCV because it could affect our job prospects. The stigma was almost the same as that held towards HIV/AIDS back then. Mum tested negative.
101. My family and I have felt very isolated, especially before the Infected Blood Inquiry was announced, because we thought it was a one-off thing that just happened to us.

Section 6. Treatment/Care/Support

102. I think Professor Sir Savill tried his best, but by the time we realised that my father had HCV, it was too late for any of the treatments available to make a difference to his health.
103. I think some of the doctors at QMC always knew more than they communicated to my father and as a family, we were kept in the dark.
104. No one ever informed us of the availability of counselling or psychological support in relation to my father's diagnosis of HCV. If we had been aware, we would have accepted the offer of support because our family had never experienced anything like this before.

Section 7. Financial Assistance

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105. We were never informed of the existence of any of the financial schemes set up to support people and families who have been impacted by contaminated blood.
106. We have recently been in contact with the Hepatitis C Trust, and they are assisting me with preparing an application for support from the English Infected Blood Support Scheme (EIBSS).
107. Professor Sir Savill agreed to fill out the section of the form which requires a medical professional opinion on how my father contracted HCV, and I have sent this to him.
108. I am a little confused because someone from the Hepatitis C Trust informed me that we only have one chance to get the application right. I feel like there are many barriers put in place to prevent people from applying for support. For instance, what if we no longer had all of the documents and letters relating to his infection? After all, it has been so many years since the contaminated blood scandal, does that mean we would not be able to claim support?

Section 8. Other Issues

109. I saw a program about the Infected Blood Inquiry on the television and made contact. I did not hear anything back at that time, so decided we would probably not get anywhere with becoming involved.
110. My mother was not particularly interested in going back over the events leading up to my father's death because of what we have been through with the doctors and hospital. She knew going back over it all would be painful.
111. My brother GRO-B did not believe that the contaminated blood incident was a real scandal until he began seeing consistent reporting about the Infected Blood Inquiry in the media. However, most of the coverage has

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focused on people with haemophilia rather than those who received blood transfusions, so we thought it might not even apply to us.

112. In terms of my father not being tested for HCV, I wonder if there was a reason relating to racial bias. The family in the documentary I saw on Channel 4 discussed aspects of culture and taboos surrounding an HCV diagnosis, which could have contributed to why we were not informed earlier about my father's diagnosis with HCV.
113. It is frustrating to feel like the doctors and hospital may have known and deliberately not tested him. It is almost like they were not bothered. My mother attended appointments with my father for two years straight, and it never came up. It is very hard to make peace with it, and at the time we could not get our heads around it all.
114. I feel like someone must have known, but without my father's medical records, we have no proof that someone knew before the diagnosis by Professor Savill in 1994.
115. The Hepatitis C Trust has become a great support and reassured me because I thought the cut-off point to provide a statement to the Infected Blood Inquiry was 31 December 2022.
116. The people responsible for the contaminated blood scandal have got away with a serious crime. If I did something wrong, I would be put in prison immediately, but people impacted by the contaminated blood scandal do not receive justice or accountability from those responsible.
117. I managed to track down my father's old GP, Dr GRO-B because I thought I might require a statement from her for the purpose of this Inquiry, but her response to us was odd and cold. In an email, she responded that she cannot say anything at all without all the records. I thought this was strange because it was so different from Professor Savill's response. Any recollection would have been helpful. Dr GRO-B

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was my father's GP throughout the time he was sick and until he died. She was also the family GP for my siblings and my mother.

118. My brothers also confirm the cold tone and out of character response. I wonder if she feels culpable. It is as though she washed her hands of our father's case even though she was there throughout.
119. How is it possible that records relating to another inquiry, such as the stillborn scandal, can be located, but anything related to contaminated blood has been destroyed?
120. I think it takes real bravery to come out here and tell your story. My mother initially thought that no one would be interested in listening to us.
121. It is still a shock to hear about the Infected Blood Inquiry on the radio, and it makes me shiver whenever I come across news about it. It is a weird journey to go from living like it was just us that this happened to realising how huge it is. The injustice is mind boggling and impossible to come to terms with.
122. It has been emotionally draining for us all providing a statement to the Inquiry, but we are so glad to be heard. In truth we have all kept our grief to ourselves over the years and it was hard to hear each other's pain during the statement interview. I think we have all soldiered on together by trying to not dig too deep, but bereavement through injustice gives no peace.

Statement of Truth

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

Signed

GRO-B

Dated

29/5/2023

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Table of Exhibits

Exhibit Number	Date	Description
WITN7608002	8 November 1994	Letter from Professor Savill to S D Ryder, Consultant Physician in which he states that it was almost certain that my father contracted HCV from his blood transfusion in 1965
WITN7608003	7 December 1994	Letter from Professor Savill to Mr. GRO-B stating that he had discussed with other experts, including colleagues in America, and they agreed that the treatment available for HCV presently would not alter his clinical condition.
WITN7608004	20 April 1995	Post Mortem Report
WITN7608005	21 September 2022	Email from GRO-B Practice Manager, The GRO-B Medical Practice to GRO-B confirming that all medical records held by the practice have been destroyed.
WITN7608006	17 November 2022	Letter from Alice Rowlett, Administration and Disclosures Manager, QMC to GRO-B advising that they no longer hold the health records requested.